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RULES AND LIST OF THE PRESENT MEMBERS

OF THE

SOCIETY

FOR

Improving the Condition of the Insane;

AND

THE PRIZE ESSAY

ENTITLED

THE PROGRESSIVE CHANGES WHICH HAVE TAKEN PLACE SINCE THE TIME OF PINEL

IN THE

MORAL MANAGEMENT OF THE INSANE

AND THE VARIOUS CONTRIVANCES WHICH HAVE BEEN ADOPTED INSTEAD OF

MECHANICAL RESTRAINT.

BY

DANIEL H. TUKE, M.D.

Assistant Medical Officer to the York Retreat, &c. &c.

TOGETHER WITH

A SHORT ABSTRACT OR CLASSIFICATION OF CASES CONTRIBUTED BY SIR ALEXANDER MORISON, M.D.

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TO

EDWARD WYNDHAM, Esq.,

&c. &c. &c.,

PRESIDENT.

Sir,

It affords me no small gratification to be the medium of dedicating this small volume to you, and to express the thanks and sincere regard of the Members for the regular and zealous interest you take in promoting the advantages of the Society.

The Essay by Dr. Tuke (to whom was awarded the Prize of Twenty Guineas) has been considered worthy of publication, and with it the Rules and List of our present Members are herewith appended for more extensive circulation.

Since the last volume of Essays was published, the Society has lost some of its most efficient members, and among them the late Right Hon. Lord Shaftesbury, your predecessor in office, whose regularity of attendance and applicability to business, (in a matter in which his Lordship took a very great interest,) added so much distinction to it, though hitherto conducted as a private Society.

The Awards given by the Society for meritorious conduct to Attendants upon the Insane, cannot but produce a most favourable result, and it is ardently to be wished that the funds were such as would admit of an increased number.

I have the honor to remain, Sir,

Your most obedient Servant,

JOHN C. SOMMERS,

June, 1854. *Honorary Secretary.*

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RULES

OF

THE SOCIETY FOR IMPROVING THE CONDITION OF THE INSANE.

INSTITUTED IN 1842 BY THE LATE RIGHT HON. THE EARL OF SHAFTESBURY.

President.—EDWARD WYNDHAM, Esq.

⁂ *Subscriptions and Donations are received by* Messrs. TWINING & Co., *Bankers, Strand, London.*

The Essays and Testimonials, to be sent to the Honorary Secretary, 6, Durham Terrace, Westbourne Park, London, on or before the first Monday in February.

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RULES, &c.

THE SOCIETY FOR IMPROVING THE CONDITION OF THE INSANE has been instituted for the purpose of enquiring into the present state of Insanity, and of collecting facts relative to its nature, causes, and treatment, and also for the purpose of endeavouring to improve and alleviate the condition of the Insane, by raising the character of their attendants.

The Society proposes to effect these objects by the following means :—

1*st.*—By inviting those who may in any way be connected with the subject of Insanity to favour the Society with their correspondence.

2*ndly.*—By annually offering Premiums for Essays on some subjects relative to Mental Diseases, to be sent into the Society.

3*rdly.*—By annually offering Premiums to those Attendants on the Insane who shall produce Testimonials of Meritorious Service.

The Society shall consist of a President, Vice-Presidents, a Treasurer, an Honorary Secretary, and an unlimited number of ordinary and Corresponding Members.

The ordinary and Corresponding Members shall be elected by Ballot

The Ballot shall take place at the ordinary Meeting succeeding that upon which the Candidate was proposed, provided six Members be present. Two black balls shall exclude.

Each Member shall pay an Annual Contribution of One Guinea, which may at any time be compounded for by paying Ten Guineas.

The Annual Contribution shall become due upon the first day of January in each year, in advance.

When a Member shall be one year in arrear in the payment of his Annual Contribution, the Treasurer shall forward to such Member a letter requesting the payment of his Contribution.

If the arrears be not paid within six months after the forwarding of such letter, the Treasurer shall report such default to the next Meeting of the Society, and the Society shall use its discretion in omitting the name of such Member from the list.

Any Member shall be able to withdraw from the Society, by signifying his wish to do so by letter, under his own hand, addressed to the Secretary of the Society. Such Member shall, however, be liable to the Contribution for the year in which he signifies his wish to withdraw, and shall continue liable to the Annual Contribution until he shall have discharged all sums due to the Society.

The ordinary Meetings of the Society shall be held upon the first Wednesday in the months of December, February, April, June, and August.

Business shall commence at eight o'clock, p.m., precisely, when the Minutes of the preceding Meeting shall be read.

The Business of the ordinary Meetings shall be to read the Minutes of the preceding Meeting, to propose and ballot for Members, and to read and discuss such communications relative to the subject of Insanity as have been approved by the preceding Meeting.

In all Meetings of the Society three shall form a quorum.

All questions shall be decided by vote, unless a ballot be demanded, and the decision of a majority of Members shall be considered as the decision of the Meeting, the President or Chairman having in all cases of equality a casting vote. The Treasurer has special charge of all accounts, and shall see to the collecting of all sums of money due to the Society; and he shall report to the Society from time to time the names of all such Members as shall be in arrear, together with the sums of money respectively due by each. In concert with the Honorary Secretary, he shall keep a complete list of the Members of the Society, with the name and address of each accurately set forth, which list, with other books of account, shall be laid on the table at every ordinary Meeting of the Society.

He shall also pay all accounts due by the Society, so soon as they have been examined and approved of by the Society.

The Honorary Secretary shall have a general charge of all the arrangements, and of the execution of all the orders

of the Society. He shall conduct their correspondence, attend their Meetings, take minutes of their proceedings during their progress; he shall, at the ordinary Meetings, read the original papers communicated or letters addressed to it; and he shall also make abstracts, when considered of importance, of the papers read at the ordinary Meetings, to be inserted in the Minutes.

Every paper which may be presented to the Society, shall, in consequence of such presentation, be considered as the property of the Society, unless there shall have been some previous engagement with its author to the contrary; and the Society may publish the same in any way, or at any time that it may be deemed proper.

But should the Society refuse or neglect, within a reasonable time, to publish such Papers, the authors shall have a right to copy the same, and publish it under their own directions. No other person, however, shall publish any Paper belonging to the Society without their previous consent.

THE PRIZE ESSAY

ENTITLED

THE PROGRESSIVE CHANGES WHICH HAVE TAKEN PLACE SINCE THE TIME OF PINEL IN THE

MORAL MANAGEMENT OF THE INSANE,

AND THE VARIOUS CONTRIVANCES WHICH HAVE BEEN ADOPTED INSTEAD OF

MECHANICAL RESTRAINT.

INTRODUCTORY REMARKS.

Our object in the following Essay is to present, in a dispassionate manner, the facts relative to the history of "the "progressive changes which have taken place since the time "of Pinel in the Moral Management of the Insane, and the "various contrivances which have been adopted instead of "Mechanical Restraint."

Of the Non-Restraint System we wish to be the impartial historians and not the one-sided advocates. The subject in the minds of many enlightened men continues to be *sub judice*—a question open to more extended experience. It is necessary, therefore, not to assume too much, either as to the settlement of the question in the public mind, or as to the reality of those improved methods of treatment which are stated to have superseded the necessity for personal restraint. Nor, we must confess at the outset, shall we assume, in accordance with the tone adopted by some writers, that the use of restraint is necessarily synonymous with barbarity, or that its abolition in any given asylum, necessarily pre-supposes that kindness and moral means are alone employed; we are all working in a common cause, and nothing will be gained, but much lost, if one party brand the other with the character of inhumanity, and confound cruelty with a difference of opinion as to the means best adapted for repressing the outbreaks of maniacal passion.

With respect to the arrangement of the Essay, we propose—first to point out the condition of the insane in

France at the time of and shortly previous to Pinel—to state what he accomplished—and to specify particularly the extent to which he considered mechanical restraint necessary. We shall then trace the history of the treatment of the insane on the Continent subsequently, as illustrated by the works of Esquirol, Georget, Scipio Pinel, Voisin, Falret, &c. &c. We shall, at the same time, describe the means adopted by these eminent men in repressing the insane—but shall more especially treat of the substitutes for restraint in a separate chapter.

Leaving the Continent, we shall pursue the same plan in regard to England—refer to the condition of the insane in that country at the era of Pinel—and trace the progress which took place in their treatment, particularly in reference to the Non-Restraint System. Reference may also be made to the American Asylums.

Lastly, we shall enter into detail with regard to the "contrivances," whether of a general description, or more strictly of a mechanical character, which have been resorted to as substitutes for personal coercion.

CHAPTER I.

To comprehend fully the changes which have taken place in the moral management of the insane, and to realize their importance it is necessary to form a clear conception of their condition in respect of moral management at the period when Pinel flourished.

Previous to the Revolution, the monk was the madman's physician, and the convent was his asylum. It is not to be doubted that, in some instances, he was humanely treated, but there is abundant evidence to show that the ordinary

mode of treatment was to the last degree cruel and inhuman. Whether by these monks the insane were regarded as the subjects of demoniacal possession, and the idea was entertained of beating the evil spirit out of them, we will not determine; but whatever was their theory as to the *modus operandi* the fact is indubitable, that in some establishments at least, the practice consisted in the daily administration of about a dozen lashes to each unfortunate patient! Indeed, the simple enumeration of the means employed to tame the fury of the maniac, whether on the Continent or in England, would subject the historian to the charge of gross exaggeration from a stranger to the actual history of insanity at this period. The practice of flogging has been mentioned; the maniac was almost constantly chained, and frequently was in a state of entire nudity; he was consequently filthy in the extreme. Often placed in a cage of iron, each revolving year still found him, crouching like a wild beast immured within his wire-bound cell, "the dim-eyed tenant of the dungeon gloom"—his limbs moulded to one position, and whatever of mind or feeling remained, crushed to its lowest pitch by changeless monotony, or maddened by intolerable despair. But whips and fetters were not deemed sufficiently ingenious. Chairs were employed, so constructed, that all movement of the limbs was prevented, and others were devised to whirl round the patient at a furious speed in order to produce extreme vertigo and sickness; "muffling" was also a frequent practice, by which was meant, covering the mouth and nose very closely with a cloth, in order "to see if it would quiet them." German writers proposed drawing the patient up to the top of a tower, and then letting him suddenly plunge down—thus giving him the impression of entering a cavern. The bath of surprise was another very favourite

"remedy," in which the patient found himself submersed and in danger of suffocation.

These and numberless other means of repressing the maniac were employed apparently under the sincere conviction that the treatment of the insane was likely to be effective, in proportion as it contemplated them as wild beasts and fiends.

"The whole history of the world," says Lord Ashley, "until the era of the Reformation does not afford an instance of a single receptacle assigned to the protection and care of these unhappy sufferers, whose malady was looked upon as hardly within the reach or hope of medical aid. If dangerous, they were incarcerated in the common prisons; if of a certain rank of society, they were shut up in their houses under the care of appropriate guardians. Chains, whips, darkness, and solitude were the approved and only remedies."*

Such then was the recognised treatment of insanity in Europe sixty years ago—the era of the liberation of fifty-three of the inmates of the Bicêtre. We must, however, mention the circumstance that six years previously (1786) Tenon wrote a work on the Paris Hospitals and Asylums, in which he directed the attention of his readers to the necessity of the better accommodation and more humane treatment of the insane. He also visited England, with a view to obtaining information on the subject. And in 1791, the Duc de la Rochefoucauld made a Report to the Assembly of the miserable condition in which the insane were placed. And even prior to these good men, St. Vincent de Paul, who had obtained the character of being "the father of the poor, the steward of Providence," advocated the cause of the lunatic, and entertained juster views of the nature and treatment of his malady.

* Speech in the House of Commons, 1845.

But to Pinel is undoubtedly due the immortal honour of having practically established the superiority of kind over barbarous methods of treatment, and of having abolished the odious system in vogue to which we have referred.

It will be then our purpose to state the reformation which Pinel effected, and then to review the successive changes which have taken place since his era.

The account of Pinel's great act is indeed well known, but our task would be incomplete if we did not introduce it here.* Towards the end of 1792, Pinel, after having many times urged the Government to allow him to unchain the maniacs of the Bicêtre, but in vain, went himself to the authorities and with much earnestness and warmth advocated the removal of this monstrous abuse. Couthon, a Member of the Commune, gave way to M. Pinel's arguments, and agreed to meet him at the Bicêtre. Couthon then interrogated those who were chained, but the abuse he received, and the confused sounds of cries, vociferations, and clanking of chains in the filthy and damp cells, made him recoil from Pinel's proposition. "You may do what you will with them," said he, "but I fear you will become their victim." Pinel instantly commenced his undertaking. There were about fifty whom he considered might without danger to the others be unchained, and he began by releasing twelve, with the sole precaution of having previously prepared the same number of strong waistcoats with long sleeves, which could be tied behind the back if necessary. The first man on whom the experiment was to be tried was an English captain whose history no one knew, as he had been in chains forty years. He was thought to be one of the most furious among them; his keepers approached him with caution as he had in a fit of fury killed one of them

* *Vide* "British and Foreign Medical Review." No. 1.

on the spot with a blow from his manacles. He was chained more rigorously than any of the others. Pinel entered his cell unattended, and calmly said to him, "Captain, I will order your chains to be taken off and give you liberty to walk in the court if you will promise me to behave well and injure no one." "Sir, I promise you," said the maniac; "but you are laughing at me; you are all too much afraid of me." "I have six men," answered Pinel, "ready to enforce my commands, if necessary. Believe me then, on my word, I will give you your liberty, if you will put on this waistcoat." He submitted to this willingly without a word; his chains were removed and the keepers retired, leaving the door of the cell open. He raised himself many times from his seat, but fell again on it, for he had been in a sitting posture so long that he had lost the use of his legs; in a quarter of an hour he succeeded in maintaining his balance, and with tottering steps came to the door of his dark cell. His first look was at the sky, and he cried out enthusiastically, "How beautiful!" During the rest of the day he was constantly in motion, walking up and down the staircases, and uttering exclamations of delight. In the evening he returned of his own accord into his cell, where a better bed than he had been accustomed to had been prepared for him, and he slept tranquilly. During the two succeeding years which he spent in the Bicêtre, he had no return of his previous paroxysms, but even rendered himself useful, by exercising a kind of authority over the insane patients, whom he ruled in his own fashion.

The most unfortunate being whom Pinel visited was a soldier of the French Guards, whose only fault was drunkenness; when once he lost self command by drink, he became quarrelsome and violent, and the more dangerous from his great bodily strength. From his frequent excesses

he was discharged from the corps, and he had speedily dissipated his scanty means. Disgrace and misery so depressed him that he became insane; in his paroxysms he believed himself a general, and fought those who would not acknowledge his rank. After a furious struggle of this sort, he was brought to the Bicêtre in a state of the greatest excitement. He had now been chained for ten years, and with greater care than the others, from his having frequently broken his chains with his hands only. Once when he broke loose he defied all his keepers that entered his cell until they had each passed under his legs; and he compelled eight men to obey this strange command. Pinel in his previous visits to him, regarded him as a man of original good nature, but under excitement, incessantly kept up by cruel treatment; and he had promised speedily to ameliorate his condition, which promise alone had made him more calm. Now he announced to him that he should be chained no longer, and to prove that he had confidence in him, and believed him to be a man capable of better things, he called upon him to assist in releasing those others who had not reason like himself; and promised, if he conducted himself well, to take him into his own service. The change was sudden and complete. No sooner was he liberated than he became obliging and attentive, following with his eye every motion of Pinel, and executing his orders with as much address as promptness; he spoke kindly and reasonably to the other patients, and during the rest of his life was entirely devoted to his deliverer. "And I can never hear without emotion," says Pinel's son "the name of this man, who some years after this occurrence shared with me the games of my childhood, and to whom I shall feel always attached."

In the next cell were three Prussian soldiers who had

been in chains for many years, but on what account no one knew. They were generally calm and inoffensive, becoming animated only when conversing together in their own language, which was unintelligible to others. They were allowed the only consolation of which they appeared sensible —to live together. The preparations taken to release them alarmed them, as they imagined the keepers were come to inflict new severities; and they opposed them violently while removing their irons. When released, they were not willing to leave their prison and remained in their habitual posture. Either loss of intellect or grief had rendered them indifferent to liberty.

Near to them was seen an old priest who was possessed with the idea that he was Christ. His appearance indicated the vanity of his belief: he was grave and solemn: his smile soft, and at the same time severe, repelling all familiarity; his hair was long, and hung on each side of his face, which was pale, intelligent and resigned. On his being once taunted with a question, that if he was Christ, he could break his chains, he solemnly replied "*Frustra tentaris Dominum tuum.*" His whole life was a romance of religious excitement. He undertook on foot a pilgrimage to Cologne and Rome, &c. On his confinement in the Bicêtre his hands and feet were loaded with heavy chains, and during twelve years he bore with exemplary patience this martyrdom as also constant sarcasms. Pinel did not attempt to reason with him but ordered him to be unchained in silence, directed at the same time that every one should imitate the old man's reserve, and never speak to him. This order was rigorously observed, and produced on the patient a more decided effect than either chains or dungeon: he became humiliated by this unusual isolation and after hesitating for a long time gradually introduced himself to the society of

the other patients. From this time his notions became more just and sensible, and in less than a year he acknowledged the absurdity of his previous prepossessions, and was dismissed from the Bicêtre.

In the course of a few days Pinel released fifty-three maniacs from their chains; among them were men of all conditions and countries. The result was beyond his hopes. Tranquillity and harmony succeeded to tumult and disorder, and the whole discipline was marked by a regularity and kindness which had the most favourable effect on the insane themselves, rendering even the most furious more tractable.

But while thus liberating the lunatic from his iron fetters, it must not be supposed Pinel instantly realized to the full extent, the degree to which the insane may be allowed liberty of action. Mechanical restraint he judged necessary, in a considerable number of cases where it would now be considered reprehensible to employ it. He could not at once change the prison-like aspect of their abode; nor was it in the nature of things, had it been in his power, to erect a building immediately, which should be in unity with those principles of humane treatment which he had adopted.

The conclusions at which he arrived after his experience at the Bicêtre, &c., will best be understood by the following extracts from his work on the subject.

He states, in speaking of a soldier who for some time had been insane and was suddenly seized with a vehement desire to join his regiment, that all fair means to appease him being exhausted, *coercive measures became indispensable.* This treatment exasperated his phrenzy and before morning he broke to pieces every thing that he could lay his hands upon. *He was then bound and closely confined;* for some days he was allowed to vent his fury in solitude, but he continued to be agitated by the most violent passions, and

to use the language of imprecation and abuse against everybody that he saw, but especially against his governor. In about a week he became very tractable, and kissing the governor's hand, said, "You have promised upon my engaging to be peaceable, to permit me to go into the court—Now, sir, have the goodness to keep your word." He was set at liberty, and in seven months was discharged well. This case Pinel relates "*to illustrate the estimable effect of coercion.*"

In another case, that of a very violent and obstinate man who refused food, Pinel asks, "How was such a perverse train of ideas to be stemmed or counteracted?" and then adds, the *excitement of terror* presented itself as *the only resource.* For this purpose, Citizen Pussin appeared one night at the door of his chamber, and, with fire darting from his eyes, and thunder in his voice, commanded a group of domestics, who were armed with strong and loudly clanking chains, to do their duty. But the ceremony was artfully suspended; soup was placed before the maniac, and strict orders were left him to eat it in the course of the night, on pains of the severest punishments. He was left to his own reflections. The night was spent (as he afterwards informed Pinel) in a state of the most distressing hesitation, whether to incur the present punishment or the distant but still more dreadful torment of the world to come. After an internal struggle of many hours, the idea of the present evil gained the ascendancy, and he determined to take the soup. From that time he submitted without difficulty to a restorative system of regimen; his sleep and strength gradually returned; his reason recovered its empire; and after the manner above related, he escaped certain death.

One regrets to see Pinel speaking with approbation of a mode of treatment of such questionable propriety.

Elsewhere we find him expressing himself as follows:— "To render the effects of fear solid and durable, its influence ought to be associated with that of a profound regard. For that purpose, plots must be either avoided or so well managed as not to be discovered, and coercion must always appear to be the result of necessity, reluctantly resorted to and commensurate with the violence or petulance which it is intended to correct." Those principles are strictly attended to at the Bicêtre. That great hospital is far from possessing such advantages of site, insulation, &c., as that to which Dr. Fowler is physician (the Retreat, York), but I can assert, from accurate personal knowledge, that the maxims of enlightened humanity prevail throughout every department of its management; that the domestics and keepers are not *allowed*, on any pretence whatever, *to strike a madman;* and that *strait waiscoats*, *superior force* and *seclusion* for a limited time, are the only punishments inflicted. When kind treatment, or such preparations for punishment as are calculated to impress the imagination, produce not the intended effect, it frequently happens that a dexterous stratagem promotes a speedy and an unexpected cure.

In the following sentences, we observe an emphatic condemnation of former modes of treatment, and a lucid enumeration of his own:— "In all cases of excessive excitement of the passions, a method of treatment, simple enough in its application but highly calculated to render the disease incurable, has been adopted from time immemorial— that of abandoning the patient to his melancholy fate, as an untameable being, to be immured in solitary durance, loaded with chains or otherwise treated with extreme severity, until the natural close of a life so wretched shall rescue him from his misery, and convey him from the cells of the madhouse to the chambers of the grave. But this

treatment, convenient indeed to a governor, more remarkable for his indolence and ignorance than for his prudence or humanity, deserves, at the present day, to be held up to public execration, and classed with the other prejudices which have degraded the character and pretensions of the human species. *To allow every maniac all the latitude of personal liberty consistent with safety; to proportion the degree of coercion to the demands upon it from his extravagance of behaviour; to use mildness of manners or firmness as occasion may require;—the bland acts of conciliation, or the tone of irresistible authority pronouncing an irreversible mandate, and to proscribe, most absolutely, all violence and ill treatment on the part of the domestics, are laws of fundamental importance*, and essential to the prudent and successful management of all lunatic asylums. But how many great qualities, both of mind and body, it is necessary that the governor should possess, in order to meet the endless difficulties and exigencies of so responsible a situation.

Again, he says, "The great secret of mastering maniacs, without doing them injury or receiving violence from them, consists in going up to them boldly and in a great body. Convinced of the inutility of resistance, and impressed with a degree of timidity, the maniac thus surrounded will often surrender without further opposition or reluctance. An instrument of offence will however sometimes arm him with extraordinary resolution. A madman shall be suddenly seized with a paroxysm of phrenetic delirium with perhaps a knife, or a stone, or a cudgel in his hand at the time. The governor, ever faithful to his maxim of maintaining order without committing acts of violence, will in defiance of his threats, march up to him with an intrepid air, but slowly and by degrees. In order not to exasperate him he takes with him no offensive weapon. As he advances he

speaks to him in a firm and menacing tone and gives his calm advice or issues his threatening summons, in such a manner as to fix the attention of the hero exclusively upon himself. This ceremony is continued with more or less variation until the assistants have had time, by imperceptible advances, to surround the maniac, when upon a certain signal being given, he finds himself in instant and unexpected confinement."

In reference to a patient who was exceedingly violent, and appeared as if he would murder his wife who was visiting him, Pinel puts the question, "What could mildness and remonstrance do for such a patient who regarded other men as particles of dust?" This man was desired to be peaceable and quiet; upon his disobedience, he was ordered to be put into the strait waistcoat, and to be confined in his cell for an hour, in order to make him feel his dependence. Soon after his detention, the governor paid him a visit, spoke to him in a friendly tone, mildly reproved him for his disobedience, and expressed his regret that he had been compelled to treat him with any degree of severity. His maniacal violence returned again the next day, the same means of coercion were repeated. He promised to conduct himself more peaceably; but relapsed again a third time. He was then confined for a whole day together. On the following day he was remarkably calm and moderate, but another explosion of his proud and turbulent disposition made the governor feel the necessity of impressing this maniac with a deep and durable conviction of his dependence. He therefore ordered him to immediate confinement, which he declared should likewise be perpetual, pronounced this ultimate determination with great emphasis, and solemnly assured him, that for the future he would be inexorable. Two days after, as the governor was going his round, the prisoner very submissively petitioned for his release. *His*

repeated and earnest solicitations were treated with levity and derision. But in consequence of a concerted plan he obtained his liberty, promising to the matron who was the ostensible means of his enlargement, to restrain his passions. He was much quieter after, and a single look from the matron quieted him. In six months he was completely restored.

In regard to the relative importance of therapeutic and moral agents, the following passage is interesting:—"My faith in pharmaceutical preparations was gradually lessened, and my scepticism went at length so far, as to induce me *never to have recourse to them, until moral remedies had completely failed.*"

These references to Pinel's views may appear unnecessarily tedious, but we fear that had they been shorter, a less perfect view would have been formed of his real opinions. Of his practice it may then be briefly said, that he abolished chains and substituted for them mild forms of restraint, chiefly the strait waistcoat; that he considered it justifiable and expedient to resort in some cases to stratagem, and in many to threats of punishment, but that he mainly relied on moral means, and was among the first to prove, that—

> ——————— "Love,
> The deep recesses of the madden'd brain,
> Can reach, when Violence fails; and Gentleness,
> Demoniac fury quickly can assuage,
> When nought beside has power."

CHAPTER II.

The subsequent history of Insanity on the Continent has not kept pace with that in our own country, in regard at least to the subject of mechanical restraint. But that the great principles of humane treatment have been recognised and practised, is sufficiently testified by the names

which adorn the annals of insanity after the time of Pinel—Esquirol, Georget, Mitivie, Jacobi, Falret, Zeller, Foville, Voisin, Scipio Pinel, Parchappe, and others.

Unhappily the condition of the insane on the Continent was not everywhere improved. Reil, writing on their state in Germany in 1803, says, "these unfortunate creatures, like state criminals, are thrown into low dens which the eye of humanity never pierces; we leave them there to waste away in their own excrements, under the weights of the chains which bruise their limbs—their physiognomy is pale and withered; they only await the moment which shall put an end to their misery, and cover our shame. They are exposed as a sight for public curiosity, and greedy keepers make a show of them like wild beasts. . . . Whips, chains, and dungeons are the only means of persuasion employed by their masters who are as barbarous as they are ignorant."

Max. Andre gave the same testimony, in 1810, of the asylums in Italy and the Savoy.*

Georget (of the Salpetrière) has clearly expressed his views and his practice in his work, De la Folie†—on the subject of the general treatment of the insane, including the use of mechanical restraint, and it is delightful to turn to them from the preceding melancholy description.

"It is seldom," says he, "that in a company of lunatics good order constantly prevails; some quarrel, some dispute, others strike, some are vicious and cause the timid to suffer. It is necessary to put a stop to these disputes, to separate, to punish the culpable. The physician and head attendant ought always to have the general confidence, to be loved by every one; and cannot charge themselves with these duties. An under attendant occupies more particularly this post. The nature of his functions gives to him the sternness

* *Vide* Esquirol.

† Published in 1820.

of expression and voice which make the insane tremble, even in seeing him pass or hearing him talk. The unruly are at once called to order; the quarrelers are separated, and the furious shut up. A host of means has been devised to restrain the maniacal. At the Salpetrière we only use the *gilet de force*, which has always been sufficient; it is a kind of camisole made of very strong linen, which is fastened behind and of which the sleeves made long enough, terminate in a very strong band, which serves to fix the arms crossed round the body and to fix the patient in one spot, if necessary. Generally, however, they are allowed to walk freely about. 'The tranquillizer' of Rush appears to me very advantageous in some cases: it is an elbow-chair provided with proper straps with which to fix the arms, legs, body, and even the head. Formerly these unhappy creatures were loaded with chains, *now we only employ restraint when quite necessary to prevent accidents*, which would arise from too great liberty of action. To repress a furious lunatic who commits improper acts and menaces to employ force rather than to yield, it is requisite *to surround him immediately with a great number of attendants, and especialiy to advance upon him without hesitation and without appearing afraid or even to suppose that he would wish to resist;* in most cases he will not offer any resistance. At the Salpetrière in such cases they suddenly *cover the head of the patient with an apron;* surprised with this artifice and not seeing any means of defending himself or striking, he yields with the utmost facility."

"Although we ought," continues Georget, "to employ mildness to calm and to repress lunatics, still, when they will not obey it is needful to restrain them by some means of restraint; *if they commit wrong acts they ought to be immediately punished.* At the present time, to accomplish these

objects, we employ those means alone which are sanctioned by humanity. *A change of abode, sometimes remaining in the grated courts* (grillés), *the gilet de force, the douche, seclusion for many hours or for a day are the only means employed in that asylum.* They especially guard against having recourse to blows or any bad treatment.

Throughout Georget's works, there is a greater appreciation of the moral sense of the lunatic, and a more constant attempt to appeal to it than in those of Pinel; but it is curious, that after the lapse of thirty years, the same essential manners of repressing the insane were employed, *viz.*: the strait waistcoat, or the camisole; the seclusion room; and the douche.

It is worthy of remark, that Georget frequently makes use of the word punishment, and evidently considered that this formed a not unimportant part of treatment, but whatever theory he entertained, it is clear that in practice it did not involve any inhuman act; and to shew his thoroughly enlarged views on the subject, we cannot forbear quoting his observations on the principles of treatment.

Principles—"1. Never to exercise the mind of the insane on their delusions. 2. Never to attack openly or roughly the affections and the exalted ideas of the deranged. 3. To create by diverse impressions, new ideas, affections, moral emotions, and thus to restore the inactive faculties. These will have for their object: 1—To occupy the mind of the patient in another direction, and to make him forget his insane notions. We shall produce these effects by working upon the intellectual faculties, by manual employment, recreation, &c. 2—To counterbalance and finally to destroy by opposition their dominant ideas. 3—To give some motives in order to combat vicious ideas. 4—To excite the cerebral action of those who are stupid, &c.

in order to break the chain of thought. These are the means then which we propose to employ in the treatment of the insane. They consist briefly in conversations, the advice and counsel of the physician, the society of the convalescent, manual employment, agriculture, objects of recreation, &c."

Although this Essay is not directly concerned with anything but moral treatment, we cannot altogether omit a slight reference to physical means, inasmuch as they indicate to a great extent the character of the moral management; and, indeed, are often hardly separable from it. Hence we shall not hesitate, both in the present instance and in subsequent parts of the Essay, to refer to medical treatment in so far as it illustrates our subject.

"We have ceased," says Georget, "at present at least to order the patient to take warm baths; they too much favour the circulation of the blood and the development of heat in the head. When we have, by the use of means which I shall hereafter mention repressed cerebral irritation, we can employ at the same time compresses to the head, or sponges soaked in cold water. We may then employ with equal effect the douche. Many patients in order to repress the heat they experience, plunge themselves into water, or place themselves under the stream of a fountain. We keep up an action on the alimentary canal with purgatives repeated for ten, fifteen, or twenty days. An emetic appears to me very proper: it acts first on the stomach as a nauseant and continues its action on the rest of the canal. Hip baths are preferable to entire ones. . . . . If the subject is young and strong we may take some blood from him either by venesection or leeches."

So far Georget.

From Esquirol's work (published 1838) we find that

very similar views were entertained by him: views the offspring of an enlightened mind and benevolent heart. At the same time he did not abolish all forms of mechanical restraint. It is much to be regretted that Esquirol does not state what proportion of patients were so restrained.

After remarking that Pinel proscribed the bath of surprise, he adds, "I have never used it." He then proceeds: "I ought to say one word on the machine of Darwin. It sufficiently resembles a jeu de bague, but has passed from the arts of medicine. Mason Cox has made great use of it: Hufeland and Horne employed it at Berlin: there exists one at Geneva, which has given an opportunity to Odier to observe its effects. Dr. Martin, physician to the hospital at Antiguaille, where, at the present time, the insane at Lyons are treated, has told me that he has been struck with the accidents which have happened to the insane while he has submitted them to the action of this machine. Persons have been thrown into syncope, they have had profuse diarrhœa and vomiting, which have thrown them into an extremely feeble condition. *This means however employed with prudence may be used in those cases where patients refuse all medicine*, and in gastric irritation.* If there is much plethora and excitement, it will be necessary to combat these symptoms with bleeding, baths, and emollients long continued. Sometimes rubifaciants are required, and low diet.

"In the place of chains, *milder means have been introduced.* Macbride has described the *gilet de force.* Cullen prefers its use to any other. Pinel only employed the camisole (already described). I have always found it sufficient. The Germans call this "gilet;" Spanish, camisole; the English, the strait waistcoat. To all the objections

* Since this was written the rotatory machine has been *abandoned altogether.*

raised against the camisole, I answer that at Paris this has been found sufficient, and that the inconveniences attributed to it are due to its abuse. Some prefer iron manacles, or iron protected with leather. Others have proposed a *belt* which surrounds the lower part of the body, and which is fastened behind by a spring; on the two sides of the belt the hands are fixed by bracelets which are closed like the belt: but this apparatus is not nearly so good as the camisole. In the invention of instruments for confining the insane, the Germans have shown great ingenuity; some authors in other respects very estimable have recommended the use of blows for the purpose of subduing the insane; a practice so dangerous and degrading to the patient as to render it unnecessary to give other reasons for not employing it. . . . . *Seclusion*, *the camisole* applied for some time, *the restraint chair*, *the douche*, *baths* long continued, *cold affusion*, *the withdrawal of distracting circumstances*, are *more than sufficient* as means of repression, when their mode of employment is understood. Never, under any pretence, ought the various means of repression to be ordered by any one but the physician: never ought they to be used but in the presence of the chief attendant."

These extracts will suffice to show Esquirol's opinions and practice in 1838. From his book we gather the following statistics and particulars of some other asylums in France. They serve to show the progressive changes in respect of Moral Management. We may premise that in 1838 there were 5,153 lunatics in France and fifty-nine lunatic asylums.

The influence which the first labours of Pinel exerted was not confined to Paris. Ever since 1800 the *Hospital of Avignon* was remodelled, and this establishment is now remarkable for its admirable order and excellent government.

Rouen. The lunatics of Rouen were shut up in the prison called Bicètre and in the general hospital. Miserable as were these abodes Dr. Vintirque, physician to the prison, made in 1819 many successful attempts towards the cure of the insane detained in the Bicètre of Rouen. In 1802 two courts had been built designed for the violent. These were very damp, and contained a double range of wooden cells which could not be more miserably made. The often-renewed efforts of Dr. Vigne, a distinguished physician of Rouen, had obtained in 1815 *two baths and a douche apparatus.* This zealous doctor *introduced the camisole de force* and made great efforts to organize *a regular treatment.* He obtained some success, but was opposed, and sent in his resignation.

Saint Yon was devoted to the treatment of lunatics of the Department of the Inferior Seine in 1821. Here means were provided for baths; the douche apparatus; vapour baths; and an ample supply of water. This asylum, reports Esquirol, is one of the best establishments for the insane. "We have to admire there the order and discipline which were introduced from the commencement by Dr. Foville, formerly a pupil at the Salpetrière."

Montpellier. Here the insane were formerly chained and were allowed wretched accommodations; the men could rarely come out of their cells: men and women inhabited the same courts. The minister of religion, however, who lived among them, treated these unfortunate creatures with kindness. Better and separate accommodations were provided in 1822. Dormitories were added, and workrooms and galleries; also baths, the douche, walking grounds, &c.

Here excited patients, even in 1838, were restrained by chains attached to their legs and fixed in the wall of their cells.

Many other asylums might be referred to, but we can gather from these, sufficiently well, the general condition of the insane up to 1838. We shall not, however, do full justice to the subject unless we illustrate this period still further by the information afforded us by Scipio Pinel in his work entitled "Traitè Complet du Regime Sanitaire," 1836.

In remarking that nearly half a century has elapsed since the experiment of Pinel his father, he observes, "that for thirty years he was enabled to continue at the Salpetrière the ameliorations which he had commenced, and of which only the most important are even now accomplished. On his part, M. Esquirol, in each of his articles in the Dictionary of Medical Sciences most indignantly reprobates the frightful treatment of the insane in the provinces; he has many times appealed to the Government, but has scarcely received any attention. It was by special favour that some ministerial circulars enjoined the superintendents to give up the use of irons and chains. Such heedlessness would have been enough to discourage, did not experience demonstrate how slowly and feebly reform proceeds. Thus we are not astonished that in 1835 M. Ferrus, on the testimony of official documents transmitted to the ministers by the prefects, was obliged to disclose a negligence in many of their asylums which one can scarcely conceive, as also the absurd employment of chains. At Mareville, in the Department of the Vosages, the prisons where the furious are confined (1836) are in caves only raised one foot above the ground: these prisons are partly wood, and are only four feet wide and six in height: they only receive light (or air) by the air holes in the corridors and rooms.

At St. Meen the furious are generally shut up in real cages, instead of being placed in spacious and airy rooms:

their cages are exposed to view on all sides, and it is through their bars that straw and food are thrust to these miserable creatures.

In the Département du Nord they employ still (1836) manacles and chains to restrain the excited, and these are the only means of restraint the keeper employs.

At St. Lisier they use, according to the degree of excitement and delirium, the strait waistcoat, shackles for the feet, chains, and iron collars.

With these fearful abuses let us contrast the benign sentiments of Scipio Pinel.

"In spite of the extreme caution with which it is necessary to employ any means of restraining the insane, (the use of which *ought to disappear almost entirely* from our Establishment,) there are nevertheless certain cases in which their utility is unquestionable. In addition to the defective condition of all the places devoted to the insane, these means become continually necessary, because we do not possess those arrangements which allow of leaving even the most excited, to give themselves up entirely to their extravagance."

The means he refers to in order to restrain the insane are as follows :—

"1st.—The 'Tight Cord' (*corde tendue*). A cord sufficiently strong is fixed perpendicularly to the floor and the ceiling, at 2½ feet from the corner of the room; it is parallel to the angle formed by the two walls, and is very tight. A leather belt is fixed at the height of 3 feet, and 2 leather bracelets for the wrists are attached to the two walls, which form the corner. The patient is fixed to this cord by the belt; his arms stretched horizontally are retained by the bracelets; if he wishes to strike with his feet, he is also fixed to the floor. This position ought to be very soon fatiguing; the patient,

not able to change his attitude without other support than that of the cord, is soon obliged to ask pardon." M. Lowenhayn, who gives an account of this invention, should have said where he had seen it employed. *We only reproduce it here, to proscribe it as absurd.*

2nd.—The "Trellis." We scarcely understand better what the same writer mentions of the "Trellis;" but at least, we judge that its use is but little dangerous . . . . The furious patient is placed in a room where a Trellis obscures the window, and gives it the aspect of a prison—all which, as S. Pinel justly remarks, can be accomplished by means of a shutter.

When a madman refuses to obey, conscious of his insubordination, or defends himself, or tears his clothes, strikes, &c., "it is very customary," says S. Pinel, "to give him a douche, to place him in a dark room, to apply the strait waistcoat, and to fasten him to the chair of restraint. There is not a superintendent who should not know all these things, to which he can even add other more or less ingenious inventions: but they would be in our judgment only means of *abusing the patient, for all restraint ought to be limited to placing him out of the power of doing evil, and granting to him the air and liberty necessary to his exalted condition.*"

3rd.—The "Strait Waistcoat." Its use is general; there is not a lunatic asylum where it is not employed as a means of repressing the patient. Heinroth regards it as the best invention to restrain the furious. Knight thinks that it has the inconvenience of confining the body too much, producing a hurtful compression of the circulation. Amelung finds on the contrary, that it allows too much liberty to the excited, and permits them to perform acts of destruction. Scipio Pinel then gives very good reasons why it ought only to be

resorted to in very extreme cases. "At the Salpetriére," continues our author "the camisole is the only means of restraint of which we have made use, but we never keep it on more than an hour or two, even in the most violent cases. Upon this point, as on all others, supervision is constant, and the attendants are discharged if they infringe their orders. Thus perhaps it is a unique spectacle to see so few patients with the camisole in an asylum which contains seven hundred lunatics, and among whom, some are always violent. At whatever time of day you go, you will find scarcely ten or twelve whose movements are restrained by the strait waistcoat. This satisfactory circumstance results from new arrangements which have been carried out, and which allow these patients to give themselves up without any danger, to their excitement, in large courts under the eye of the attendants, whose number ought to be much increased.

"Where the necessary construction is wanting, it must be admitted that the camisole is the best means of repression: it protects the attendants from blows, &c., &c.; but even this restraint is not without its inconvenience, since when the timid (attendants) are sure that the patient cannot hurt them any longer they abandon him, or else when they approach him, it is with an air of security, which shows him that (but for restraint) he is an object of alarm. Hence he exhibits, on the first occasion, more violence than ever."

Here follow some judicious precautionary remarks. Scipio Pinel then adds:—"To prevent the patient freeing himself from the camisole, it has been fixed in some asylums behind, with a screw buckle, opened by a (square) key, this precaution is useless where there are a sufficient number of attendants."

M. Pinel then describes the leather muff used at Glasgow, the leather belt of Reil, the martingale of Haslam which

was attached to the ankles, and the restraint chair, without which Groos said that he would not treat the insane. In reference to these various forms of restraint he thus speaks:—"The difference of opinion on their efficacy does not turn upon their employment, but really upon the fundamental question relative to physical treatment, to decide whether we ought to restrain the movements of the insane, or leave them entirely free. Our advice is to decide for the most complete liberty, under constant oversight; for our establishment, we only require the camisole, and that merely in extreme cases."

The author then refers to those cases in which the patient refuses to take food, and states that instead of the chair with a head piece so constructed as to fix the patient's head in one position, they have adopted the simple expedient at the Salpetrière of placing the patient on his bed, and causing two assistants to hold his head. The food is then passed into the throat either by closing the nose and opening the mouth, or by means of a sort of catheter through the nares.

The proper substitutes for restraint are now introduced, and at the head of the list is placed:—

1.—Isolation or seclusion. "*Notre plus grande punition.*" A patient is excited, violent, and insults the physician; the attendants master him by throwing over his face a cloth which prevents him seeing; by this operation alone he is half conquered; then he is conducted to a dark room, but perfectly clean; and in which there is nothing but the walls and a little straw. This constitutes the punishment of seclusion, it ought only to last a few hours, and it is needful only to inspire the patient with the idea of his weakness and his faults. The superintendent ought to watch the effect produced, and at the least sign of repentance ought to

offer him his liberty. . . . Seclusion carried thus far, is the best means of restraint.

2.—Change of diet and occupation. "The nature and quantity of the food," says he, "ought to become a punishment. A suitable diet, the withdrawal of the food desired, the refusal of the instrument required in eating, or the removal (of the patient) from the table are for some patients mortifications sufficiently severe. By occupation you act upon the mind, upon the muscular powers, and his self-love; if these means are ineffectual, add to them the prevention of some pleasure, refuse walks, &c., but do not be lavish with these little means from which you can obtain such great results."

3.—The douche, on which no particular remarks need be made in this place. "These then are the means of repression," observes M. Scipio Pinel in conclusion, "which we employ when gentle words fail. In our asylum, the arrangements of the place render the greater part of them unnecessary. It is needful then that persons should occupy themselves in seriously imitating our example; and moreover that they should *banish for ever* the baths of surprise, the revolving wheel, the turning chair or bed, the leg locks, the restraint chair, and all other tortures worthy of the thirteenth century, and which place those who use them below the patients whom they are pretending to cure."

These observations, made in 1836, do infinite credit to the enlightened benevolence of their author.

As to the therapeutic treatment which Scipio Pinel recommends as properly associated with other means for repressing the insane, he mentions *bleeding to be employed rarely and with the greatest discrimination; baths, frequently of service; derivatives, of which the blister and seton are much praised; and medicines generally.*

Such then are the views current in France, as stated by Georget, Esquirol, and Scipio Pinel, and practised by them up to the close of the half century, which immediately followed the liberation of the enchained lunatics at Bicêtre. Surely such sentiments were worthy of their illustrious master! We see that the moral treatment of the insane in France continued to advance subsequently to Pinel, though we believe this advance to have been far from general. To these honoured names we must add those of Mitivie, Falret, Ferrus, Voisin, and Leuret, who have devoted their lives to carrying out the great principles of treatment so gloriously commenced in France, and contributed so largely towards placing the condition of the insane in the favourable condition in which Dr. Conolly found them, on visiting the French asylums in 1844—5.

From the account published by him in the British and Foreign Medical Review,* we are enabled to gather much important information in regard to the moral management of the insane at that period, and especially, as to the question of non-restraint.

CHAPTER III.

"At the Salpetrière," observes Dr. C., "I saw no patients walking about in strait waistcoats, or muffs, or leg locks, or handcuffs, and heard no sounds of raving or fury. At a former visit (1828) the restraints and their constant accompaniments had not yet disappeared. In a very recent visit made to them by my son, traces of them were still visible, and attracted his attention . . . But on the day of my recent visit, there was, in fact, not one patient in restraint

* No. 19.

in the whole asylum; a few were in cells of seclusion, which are detached from the building occupied by the tranquil and industrious. It is true that the French physicians hesitate to admit the principle of the total abolition of mechanical restraint, but they employ it rarely, and with so much reluctance as to give every assurance that the period of the entire disappearance of the camisole is not far remote. To all the violent modes of restraint however ingenious, they have, I think always been opposed . . . The whole spirit of the treatment of the insane, in the French asylums, appears to be mild, gentle, and humane; and the seeming exceptions to it which I shall have to notice, in speaking of other institutions, are to be ascribed to the same misapprehension concerning the indispensable employment of restraint in certain cases which yet impedes the progress of their abolition in some of our own asylums.

Dr. C. found that the notion so obstinately cherished by the lovers of restraint, that it is necessary to fasten every epileptic to his bed at night, in order to prevent him turning on the face and being suffocated, does not appear to have found its way into the minds of the French physicians; and the pernicious practice founded upon it, is unknown. Even for the paralytic, no restraint chairs are employed.

The douche is occasionally used. Dr. C. also mentions a large cap-shaped sponge; (which appears to be similar to that employed by Dr. Morison in this country, and recommended by him in his valuable work published in 1828). It is soaked in cold water and applied to the head.

At the Bicêtre, there were *few* patients in seclusion; none in restraint; "everything," says Dr. Conolly, "is done, to habituate them to social life. They sleep in large dormitories, work together, dine together, read, write, and amuse themselves together. The very refractory and the

furious are not often seen in asylums conducted on the principles which prevail there; but when such cases present themselves, *they are separated from the rest, all irritations are carefully excluded, baths and other remedial means are resorted to, and no violent measures of restraint are sanctioned.*

"Such at least appears to be the rule, and I saw no probable evidence of exceptions: no chains or cords, no manacles or leg locks, no bath of surprise, no whirling chair, no boxes or osier baskets for inclosing the body and the limbs of the turbulent, no patients sitting in restraint chairs as a substitute for superintendance and care. I have been told that very recently there were, and if so, their disappearance is of good augury. It would indeed have been strange to find such things in an asylum made memorable by the signal services rendered to the insane by Pinel; for it was here, in basement dungeons, and dark and dreary cells, shut out from the light of day, that this great physician liberated fifty-three captive lunatics with his own hand."

To illustrate the advance which had been in discarding restraint, the following incident is mentioned. Dr. C.'s son had visited the asylum eight months before; and at that time had witnessed several restraint chairs in use. We cannot forbear quoting his description of one of these cases.

"In one (restraint chair) sat a poor emaciated creature with a strait waistcoat over his chest and arms, a broad strap round his waist fastening him to his seat, and a number of linen rags and ropes round his legs; this man was talking loudly and incoherently, but with a breaking voice which showed debility and exhaustion . . . It was stated by his attendant that he would tear his clothes, and it seemed that he had been five months in restraint, and that at night he was tied down in his bed; he had no shoes or stockings on.

"In the other case it was determined to try the experiment

and accordingly fourteen attendants (!!) were summoned to prevent any disastrous consequences. And in what way will it be supposed this furious maniac vented his rage? By talking affectionately, crying, and kissing the attendants all round!"

Dr. Conolly recollecting these two cases had intended to inquire respecting them; but M. Battelle had the candour to allude to them without any inquiry being made, and he had the satisfaction to learn that the man so liberated had got well, and that the other patient had also been liberated and was improving.

Notwithstanding, however, the condition of the asylum, when Dr. Conolly visited it, we have it on the authority of a competent medical friend, who visited it shortly after, that the restraint chairs still remained in use. The same gentleman also witnessed the application of the douche in the following manner.

The patient, a young man, declared himself to be "Jesus Christ and Napoleon:" on asserting this, the douche was threatened, and on the failure of the threat, actually put in effect. The stream of water flowed from a great height, and fell with painful force on the head of the unfortunate lunatic. It was then suspended and he was asked, whether he would persist in saying he was Jesus Christ and Napoleon? On repeating his delusion, the douche was again allowed to descend upon his head, which it might have been stated, was fixed by means of a board to an aperture in which the neck fitted; and it was obvious that his suffering was very great. He was then asked a third time, "Are you Jesus Christ and Napoleon?" and having replied in the negative he was allowed to retire.

We cannot but remark on this circumstance, how much cruelty may be practised in an asylum where mechanical

restraint is not employed, and how deceptive is the mere fact that the non-restraint system has been adopted in any establishment. The douche is a fearful instrument of cruelty in the hands, both of those who are inhuman, and those who are ignorant of the real nature of insanity and its appropriate treatment. Its abuse is almost certain, if it be regarded in the light of a punishment; and we much doubt whether there are any cases in which its employment possesses any adequate advantage over the shower bath.

At Charenton, then under the superintendence of Dr. Foville, Dr. Conolly found more agitation in the wards devoted to the least tranquil of the female patients, than at the Salpetrière; but no great violence of conduct or manner; one apartment only presented an unfavourable exception, an apartment belonging to the old portion of the building allotted to the most turbulent. This room seemed filled with noisy voices. Four or five of the female patients were sitting in those heavy coercion chairs which are now rarely to be met with. One was leaning back in the chair with an air of sullen depression, and quite silent, appearing indeed to be in a state of mere dementia. Two or three others were struggling and declaiming with great vehemence and loudness, and another was talking very volubly, but with perfect good humour. The reason assigned for their use was the same as that alleged in other asylums in which restraint is employed, such as that one patient would tear her clothes if at liberty; one would roll about the floor; one would break the windows, &c.

From Charenton let us turn to the asylum at Rouen, St. Yon, under the charge of Dr. Parchappe. This asylum was found to be conducted on humane principles, but the system of non-restraint was by no means introduced. Dr. C. caught glimpses in the quadrangles on the female side of

the house, through which he was rather rapidly led, of quiet looking patients in the camisole or strait jacket; and in one noisy room there were several so dressed. M. Parchappe states indeed in one of his reports, that the strait waistcoat is seldom used on the male side of the house, but that altogether three in one hundred are habitually so restrained in the asylum.

In another cell a man was lying in a straw crib, having on a strait jacket so as to secure his arms and body, and his feet bound to the crib, who had lain so dressed, so secured and bound, nine years.

Baths are enumerated among the means of repression (which means punishment) and not among the resources of treatment. The douche is only employed as a punishment.

Dr. Conolly also visited the private asylums of Drs. Falret, Voisin, Leuret, and Mitivié at Paris, in all of which the insane appear to be treated with great kindness and humanity, but in none of which has the principle of the total abolition of restraint been adopted either in theory or practice. "The spectacle of patients," observes Dr. C., "bound up in compressing dresses—painful to the body, and painful to every mind, as long as any mind is left—appeared unnatural in an establishment presenting with this exception a kind of model of an asylum. M. Voisin himself seemed in quite an unnatural position when he was unbinding and untwisting and refixing, and demonstrating the miserable complications of linen, leather, and iron on a poor lunatic's body, with a view of controlling and healing the rude outbreaks of the feelings, or the wild delusions of a disordered and afflicted mind."

With respect to Germany we have already made an extract from Reil, written in 1803, which gives a deplorable account of the condition of the insane at that period—in

regard to moral management. But such a picture has long since ceased to be true; and, among others, the asylum at Siegburg has been conducted on enlightened principles, by Dr. Jacobi,* to whose views and practices it will be necessary briefly to refer.

At the end of November, 1833, there were in this asylum only five out of two hundred and two patients whom it was necessary to confine upon their beds, and that, in both cases, but slightly. These five and seven others it was necessary to restrain in the use of their arms and legs by coercive means in the day time; three of them had to be confined in the refractory chair.

Dr. Jacobi appears to think that the revolving chair might in some cases be useful, but he himself seems chiefly to employ the strait jacket, muffs of leather, and the refractory chair. Notwithstanding, however the employment of these means, the following passages will show how much he desires to restrict their employment, and how thoroughly humane are his intentions, although he is very far from adopting the principle of non-restraint.

"It is certainly very much to be wished," says he, "that physicians would abstain as much as possible, in their treatment of disorders accompanied by insanity, from the use of those auxiliaries which are not employed in the treatment of other disorders; *and in a special manner from the use of those fanciful instruments and appliances, so many of which have to thank for their origin the theories and conceits of physicians during the last twenty or thirty years.* Indeed, now that the practice is becoming more general of treating insanity according to the more enlightened views at present entertained on the subject, these fanciful measures, along

* Corresponding Member of the Society for the Improvement of the Condition of the Insane.

with the incorrect theories in which they originated, *ought to be consigned to a merited oblivion.* Among these, I include the so-called bath of surprise, as well as the contrivances by which the patient, whilst secured to a chair, was drawn up to the ceiling of a very lofty room, such as a church. For though cases have unquestionably occurred, in which, when the patient has been held under water in the bath alluded to, till he was really in danger of drowning—and in which the poor wretch, suspended under a lofty arch, has been left to swing for a long time in an agony of terror—very observable, and sometimes perhaps good effects have followed; still, independently of the cruelty of the proceeding, who does not shudder at reflecting on the very easy possibility of his being, in the one case actually drowned, and in the other, by some oversight, precipitated from his high station and dashed to pieces on the floor?"

Of the condition of the insane on the Continent at the present time (1853-4) we are enabled to speak from personal knowledge—so far at least as concerns France, Holland, Austria, Prussia, and Germany. In making a tour through these countries the writer visited all the principal asylums, and ascertained their condition; at the same time conversing with their medical officers, and obtaining their opinions generally respecting the treatment of insanity, and more especially in regard to the disputed question of non-restraint.

The result of these enquiries I shall give very briefly, and shall not attempt any description of individual asylums —intending before long to publish a more extended account of some of these.

The first country I visited was Holland; and it was

truly gratifying to find how great an interest is felt for the insane, and how much has been done towards ameliorating their condition in this land. Formerly, the Dutch asylums were in a very deplorable state; and to describe those of fifty or even twenty years ago would be to repeat what we have already said of the asylums in France and in our own country at the era of Pinel.

The year 1837 is memorable for the Address delivered in it at Utrecht, by Professor Van der Kolk, entitled "Oratio de debita curâ infaustam Maniacorum sortem emendandi eosque sanandi, in nostra patria nimis neglecta." The Professor succeeded in exciting public attention, and the intervention of the Legislature; the consequence of which was the appointment of two commissioners, laws for the better regulation of existing asylums, the suppression of some—including all private asylums—and the erection of new ones.

A large asylum was built near Haarlem, called Meerenberg, in the construction of which every means were adopted to promote the comfort of the inmates; and medical officers were appointed, admirably fitted to carry out Professor Kolk's humane views—Dr. Everts and Dr. D. H. Van Leeuwen. These gentlemen visited England in order to obtain information on the construction of asylums and the treatment of the insane; and they returned to Holland resolved to attempt the experiment of non-restraint. When I visited the asylum in August last, its condition reflected the highest credit on its Directors—though, owing to the building being still incomplete, I saw it under disadvantageous circumstances.

Dr. Everts, the physician in chief, believes the entire abolition of personal restraint practicable and desirable; but in consequence of the unsettled state of the house and other reasons of a temporary nature, he has been unable entirely

to carry out his views into practice. How very small, however, the amount of restraint is, will be apparent from the following statement:—During the month of August the numbers restrained ranged from one to three, in a daily record kept by Dr. E. During the previous month not one man was restrained, the daily number of women one to two. On the day of my visiting the house two men were camisoled—the number of patients being 391.

Professor Van der Kolk does not, it should be stated, subscribe fully to the Non-Restraint System—he adopts the modified view still entertained by some in England, that it is unwise and unnecessary to say that the waistcoat shall never under any circumstances be applied: regarding it as one mode of restraining violence to be occasionally employed with less irritation to the patient than any other form of restraint. In this opinion Dr. Van Lith concurs, the Superintendent of the asylum at Utrecht; also Dr. Ramaer, the Physician to the asylum at Zutphen; and the Editor of a Psychological Journal recently started in Holland.

Of Holland, therefore, there is everything to hope: she has commenced in earnest the great work of guarding the insane from maltreatment and neglect; and has provided for them a noble institution, in which the most profound medical knowledge and the most gentle sympathy combine to restore the unhappy lunatic to his station in society.

I will next speak of Prussia. It is with great regret that I state that the capital of this noble country has not yet provided a separate establishment for the insane. The present building at Berlin forms a part of the general hospital—La Charitè, and is situated in the city. Rich in magnificent buildings and imposing façades, she yet has not sufficient wealth to apply to this necessary object of the public care! In reply to some such remark made to Pro-

fessor Ideler, he said that the military expenses of the country were so great that little was left to spend upon asylums.* But though Berlin is so miserably behindhand in this respect, Prussia contains recently-built asylums, as well as those of an ancient date, which deserve great praise and are well worthy of observation.

And first I will speak of Siegburg—certainly not because the building has any thing to recommend it, but on account of its justly celebrated physician, Dr. Jacobi. Since 1821 he has worked at this asylum, and from his practical experience, and the thought he has bestowed upon the subject of mental diseases, the English reader will be anxious to know his opinion at the present time on the subject more particularly before us—the System of Non-Restraint. And as in stating Dr. Jacobi's opinion I shall also be stating that of the majority of Continental Psychological Physicians, I may be allowed to mention them somewhat in detail. Dr. Jacobi has a thorough heartfelt love for the lunatic, and whatever plan of treatment he pursues is the result of a conscientious belief in its superiority over other plans of treatment. Religious teachings, kindness, and other moral means, combined with a most careful attention to the medical indications of each case, constitute his primary rules of treatment; but he considers that in regard to dangerous and dirty patients these means may all fail in producing their desired effect—and that then it becomes necessary to resort *to other than moral means*. Then, physical or mechanical means being necessary, he asks, which are the least irritating to the patient and the most likely to secure the end in view? To this question Dr. Jacobi unhesitatingly replies, that the

* Professor Ideler's apparently humane character and kind manner towards the patients form a striking contrast to his system of treatment. His application of the douche is positively cruel, and I witnessed it with feelings of indignation and disgust.

strait waistcoat and the coercion chair are in not a few cases the best known means of personal restraint. He bases his conclusions on what he should wish in his own case, and on the experience of many years at Siegburg. He believes that the seclusion room confines the patient much more injuriously than the camisole—that the patient can often be allowed fresh air and exercise under one mode of treatment and not under the other—that he can be more constantly under observation; and that in regard to the forcible holding of the patient by the hands of an attendant—this mode of coercion is usually much more exasperating to the patient than the waistcoat: and in respect to "coercion chairs"—that many dirty patients are kept in a much more comfortable condition by this means than they otherwise would be. Add to which reasons, his belief that the Non-Restraint System subjects the attendants and the other patients to great risk of injury. In short then, Dr. Jacobi and other Continental physicians refuse to distinguish between the seclusion room, the hands of the attendants, &c., and the camisole or the restraint chair—asserting that they are all so many forms of restraint and that the superintendent must choose in any particular case which form is the best suited to the patient's condition.

Such are Dr. Jacobi's opinions. Coming from such an authority they ought to be listened to with attention, and they deserve all the weight which anything short of our own personal observation can or ought to receive. But, however much truth there may be theoretically in these abstract propositions—and I am not prepared to give unqualified denial to their truth—I cannot do less than state, that my visit to Siegburg convinced me that Dr. Jacobi had not (fully and fairly) made the experiment of employing those means of restraint, substituted in England for the

camisole and chair. I do not in this statement do more than express a fact; no assertion is here made as to the superiority of one over another form of restraint—all I say is, that Dr. Jacobi has not employed the English alternatives for non-restraint. And until such experiment be fairly tried, it is evident that however much truth there may be in Dr. Jacobi's arguments, it would not be unfair to adduce him as an example of a physician, who has adopted his present views as the result of a practical trial of the system; the possibility and benefit of which are now at issue.

Now, I am bound to say, that what is true of Dr. Jacobi, is also true of most Continental physicians. On hearing them express their opinion on this subject, I at once enquired into the means employed to restrain their violent patients, and usually found with real disappointment that they had by no means systematically introduced those various appliances, without which, the experiment cannot be fairly tried—appliances in fact forming so completely a part of what is called the Non-Restraint System, that their non-adoption after the abolition of the waistcoat, &c., might naturally be expected to be followed by disastrous consequences.

When I visited Siegburg the number of patients was 190, and of these five women and four men were confined by the camisole, and several of these by the chair in addition. Dr. Jacobi stated that the average number so restrained would be somewhat higher as regards the women.

It is not consistent with our present object to describe further the system pursued at this asylum—a full description of it, as well as of the building itself, will be found in the English translation of Dr. Jacobi's work published in 1841.

The asylum at Halle in Prussia is recently erected and in this respect has great architectural advantages over Siegburg and many other conventual buildings now adapted

to the care of the insane. It is under the superintendence of Dr. Damerow, well known as one of the editors of the Psychological Journal; and it deserves great praise on account of its excellent order and the cleanliness and comfort of the patients. Indeed, the cleanliness of the patients and the character of the attendants here were particularly noticeable; and it will be admitted that these are strong indications of the humanity and efficiency of the superintendent. Dr. Damerow expressed his opinion on the Non-Restraint System no less decidedly than Dr. Jacobi, and with no little warmth defended the mild employment of mechanical restraint on the ground of kindness to the patients themselves. I will not, however, detail his arguments on this subject, but will refer to those of Dr. Jacobi, to which they are essentially similar.

In Prussia each province is required by Government to provide an asylum for its insane population, and persons are appointed to inspect their condition at stated periods; but this inspection is of a very limited character, and has primary reference to the general condition of the establishment, and does not appear to include any individual care of the patient or the propriety of their confinement in an asylum, as is the case in England.

The names of Dr. Martini, Professor Ideler, and Dr. Leubuscher, are well known for the attention they have paid to the treatment of the insane: they also participate in the views already expressed as entertained by Drs. Jacobi and Damerow on the subject of Non-Restraint.

Leaving Prussia, I will proceed to offer a few remarks on the condition of the insane in Austria.

Prejudiced as an Englishman is against the political system of Austria, he naturally expects to find her institutions in a bad condition—at least, this was my case; but

I am glad to say that in regard to lunatic asylums, I was agreeably disappointed. There are bad asylums in Austria, it is true; so there are in England; but those recently built are worthy of all praise, not only in their construction and external appearance, but in their management, the condition of the patients, and the high character of their medical officers.

The asylum at Prague, built recently for curable patients, is an excellent establishment, and was planned and formerly superintended by Dr. Riedel. Dr. Köstle is the present director; he had 203 patients in this building, and in going through the wards, I observed three women confined to their beds by a strap passing over the arms and under the body, in addition to the camisole. Three men were restrained in a similar manner; one of these in an extremely excited and noisy condition. There was no reason to think that the instruments of restraint were so applied as to give actual pain to the patient. There are no restraint chairs in this asylum. Dr. Köstle employs depressants as ipecacuan in large doses, but neither employs the douche nor resorts to venesection. In addition to the curable establishment, there are five adjoining separate buildings used for patients of the incurable class.

Dr. Riedel, of whom I have spoken, left Prague for Vienna, where a large new asylum has been built under his superintendence; and of the good order and efficient management in which I found the asylum I am able to speak in terms of very strong praise. The patients were to a great extent engaged in occupations suited to their habits and tastes, and presented an air of much personal comfort. Mechanical restraint was employed in the form of a camisole, either alone, the patient being at liberty to walk, or in addition to a strap, by which the patient was confined to his

bed. There were 336 patients in the house; about an equal proportion of men and women. I saw nine women restrained by the camisole: several of these were also fastened by a strap to the bed, in the same manner as at Prague. Only three or four men were the subjects of mechanical restraint; of these, two had the wrists attached to a waistband by means of a leather strap. But, although restraint was thus considerably employed, the general appearance of the patients was highly satisfactory: the wards, including the day and sleeping rooms, were in beautiful order, and a very large number of the patients were engaged in useful occupations; as drawing and writing, tailoring, joinering, shoemaking, and out-of-door work.

There still remains in Vienna the old tower, until recently, famous for the wretched condition of its inmates, who were chained and exposed to public view. It is now used for incurable patients, and although their condition has been ameliorated, it is yet far from satisfactory. A large number are constantly confined to their beds by mechanical means. It is not under the care of Dr. Riedel.

In Austria, then, there is every reason to expect from the care which has been taken in the construction of new asylums, and the appointments made of efficient superintendents, that those asylums which remain in a bad condition will be reformed; and that an increased number of asylums, equal to those of Vienna and Prague in their accommodation, will be built, inasmuch as the insane population of Austria is still inadequately provided for by the Government. Dr. Riedel and Dr. Fischel (formerly of Prague) are men likely to advance the treatment of the insane in a thoroughly practical manner. Whatever, therefore, we think of Austrian politics, let us give her the praise justly belonging to her for the provision she is

making for the care and treatment of those affected with mental disease.

Having thus briefly passed in review the general treatment of the insane in Prussia and Austria, I will refer to its past progress in Germany, and add some remarks on the asylums of Germany proper.

In Germany, the subject of insanity has received for a long period a large amount of attention, and has given rise to discussions of a character to be expected among a people so highly speculative and metaphysical. Hence, for many years, insanity was solely or mainly regarded as a subject of theoretic interest, and various theories were propounded as to its nature, which led to warm contentions—of these may be mentioned the Somatic, the Psychic, and Somato-psychic: their names sufficiently express their character. In 1783, a journal was published by Moritz, entitled "Recuèil pour l'etude du traitement des maladies mentales." From this year to that of 1805, Maimor, Manchard, Wagner, and others, published works bearing on the subject, of a philosophical nature, but wanting in a practical tendency; and in this year, (1805), Reil and Kayssler brought out a journal of psychological medicine, published at Halle. This journal, however, ceased in 1806; but two years later, Reil and Hoffbauer edited a journal under the title of "Recherches d'une methode de guerison pour les maladies mentales," soon to be abandoned, however, like its predecessors.

The name of Langermann holds an honourable position in Germany, in regard to the progress of the treatment of the insane. He was born in 1768, and died in 1832. He has, I believe, left behind him no books, except his Thesis "de methodo cognoscendi curandum animi morbos stabilienda;" he was the director of the asylum at St. George's,

at Bayreuth; and was the acknowledged head of the psychic school of insanity, which Professor Ideler, his follower and pupil, is now considered to represent. The asylum of Sonnenstein, near Dresden, was one of the first to adopt an enlightened mode of treatment, and by practically attempting to carry out humane principles, advanced the cause of the insane, in Germany, perhaps more than any other institution at that period. Ruer's labours at Marsberg must not be omitted; nor those of Horn's at La Charitè, Berlin. The journal of Nasse was published in 1818, and marked a revived attention and interest in the subject. In this year, also, Heinroth, who had previously written in 1807, published a book, entitled "On the troubles of the Mind." In 1821, Dr. Jacobi commenced his labours at Siegburg, near Bonn; and in 1822, edited a free translation of the "Description of the York Retreat," in which he attempted to adapt that work to the German reader, and to show the desirability of introducing the system of treatment adopted at the Retreat into Germany. Dr. Jacobi's influence, by his works and by his labours at Siegburg, has been productive of extended benefit, and I found him regarded in Germany as the main leader in the amelioration of the condition of the insane in that country. Since 1822 he has published several works on the subject, one of which details the plans of treatment pursued at Siegburg, and has already been referred to when speaking of that asylum.

Dr. Jacobi has been followed by men truly worthy of the noble object of their talent and energies. Drs. Zeller, Roller, Lessing, Klotz, and others have thrown into the cause of the insane all the earnestness and mental power with which they are so largely endowed; and day by day, and hour by hour, sacrifice themselves to the care of this unhappy class.

I visited Dr. Zeller at his asylum near Stuttgard, (Winnenthal), and experienced real delight in witnessing the devotion of his heart to the objects of his care. On the subject of Non-Restraint, Zeller's views are identical with those of Jacobi: nor has he made any attempt to restrain the violent by modern appliances. But, whatever may be his views of Non-Restraint, and however much one may regret his not having made a trial of it—there can be but one opinion as to the *character* of his treatment—that it is thoroughly humane and accompanied by the highest moral and religious suasion. His presence alone carries with it the assurance of love and of sympathy for his patients; an atmosphere surrounds him—so pure and gentle and holy, that it is impossible to come within its influence without being to some extent affected for the better by it. Of the Non-Restraint System, and the experiment made of it in England, Dr. Zeller said "Prove all things, hold fast that which is good, saith the Apostle."

I have said that Dr. Jacobi has to cope with the difficulties of an old building not constructed for its present use; the same is true of Zeller. But I must now briefly speak of Dr. Roller, who, pursuing the same noble and humane course of treatment, has had the advantage of planning the asylum in which he is engaged. In doing this he has been able to carry out his own views of classification, and, in the midst of most beautiful scenery, erected (under Government) a very large building for upwards of 400 patients, Having had the opportunity of spending three days at Illenau, (the name of the asylum), the writer can speak in the strongest terms of the character of the superintendence and administration of the institution. Dr. Roller devotes his whole soul to the welfare of the patients, and is incessantly with them, encouraging the

melancholy, and attempting to calm the violent by moral influences. At this asylum I was afresh struck with the superiority of Continental asylums over our own in one particular, *viz.:* the greater proportion of medical officers to the patients. In Illenau, there are 450 patients of various classes as regards payment—a large number however of the poorer class; and there are no less than four qualified medical men there, in addition to Dr. Roller, the physician-in-chief. One of these has the *immediate* charge of the incurable women, another of the incurable men, a third superintends the curable women, and the fourth the curable men. Dr. Roller has absolute authority throughout the establishment; and is constantly engaged in making a circuit of the house, in addition to the visits of the subordinate officers. Of the four divisions of patients, he usually sees only three in one day, and the fourth division on the next day; his visits are paid morning, afternoon, and evening. Each section is also visited by its own particular superintendent several times a day; and it is thought desirable to be frequently present when the patients are taking their meals. It must be admitted, that such an arrangement forms a strange contrast—and one anything but favourable to England—to that adopted at our large public asylums, as for example Colney Hatch or Hanwell; in the former of which there are two superintendents to 1200 and in the latter two superintendents to 1,000 patients. Dr. Conolly, I perceive, has called attention in the pages of the *Lancet* to our miserable arrangements in this respect; and has adduced the fact, as being a complete bar to the introduction of really effective clinical instruction into our asylums.

Lastly, I may remark, in reference to the views entertained by Dr. Roller on the subject of Non-Restraint, that

he considers it necessary to resort to its mild employment, but I am glad to be able to state, that the proportion restrained was decidedly small; and that while subscribing to the views of Jacobi and Zeller in theory, he has in practice gone further than they in the discontinuance of personal restraint.

We will now devote a few observations to France, or rather to Paris, for besides the Parisian asylums, I only visited Stephansfeld near Strasbourg, and Mareville near Nancy. Dr. Conolly's visit was made in 1845; my own in the winter of 1853.

I would in the first place remark, that in regard, at least, to the Saltpetrière and the Bicêtre, the Parisian asylums are old buildings, constructed at a period when very different ideas were entertained of the architectural necessities of such establishments: secondly, that they possess a very insufficient acreage. These disadvantages, it is only fair to bear in mind, in judging of their condition; their influence is felt beyond their direct effects, for they act indirectly by discouraging the attempts of the medical officers to carry out an effective system of treatment. No one regrets more, I am sure, than do many of these physicians, that they are thus cramped by the character of the buildings and grounds devoted to their patients. For the pauper class there is required a large asylum, constructed on modern principles, and in possession of sufficient land to supply the patients with spade labour. Charenton is modern and situated in the country, but is for the higher class of patients: it is much to be regretted, however, that notwithstanding its situation, there is but a limited amount of land belonging to the institution. Making every allowance, however, I candidly confess that I was disappointed in the Paris asylums; and I think any reader of the works

of Esquirol, Georget, Scipio Pinel, &c., would be led to form a much higher estimate of the system of treatment pursued by the French than is actually the case. Either there has been latterly a retrograde tendency, or the excellent principles enunciated in their writings are not carried out into practice. I feel the less hesitation in expressing this opinion in regard to the Paris asylums, from the confirmation it receives in a report just published by my friend, Dr. Van Leeuwen, (a thoroughly competent observer), on the condition of the asylums in France.

Only one opinion prevailed among the Parisian doctors on the Non-Restraint System; they all regarded "Restraint" as necessary and beneficial. The well known and excellent Dr. Falret, in conducting me over his division of the Salpetrière, spoke in decided terms. I cannot, however, do better than introduce the opinion of M. Battel, expressed in his last Report of the Paris asylums—and I must here express how much I owe to that gentleman, during my stay in Paris, for the kind assistance he rendered me in forwarding the object I had in view.

"In England," says he, "the patient is placed alone: there is only one means of restraint for every case, that is, the seclusion room or imprisonment.

"In France, on the contrary, we have two degrees of restraint. In the first place, we put the camisole on those patients who manifest destructive instincts, who injure their hands or their face, or who tear their clothes to pieces. The camisole suffices to prevent the commission of these acts; without it, it might be necessary to shut them up, to deprive them of exercise and walking out of doors in the sun, and of the participation in common life; to which, we are attempting to restore them by all imaginable means.

"But if they give themselves up to intolerable eccentri-

cities, and obscene acts, and to violences towards themselves and others, then we place them in a cell during the time the paroxysm of agitation and of dangerous violence lasts; but this temporary incarceration is the extreme means we employ when the first mode has been tried without effect.

"When a lunatic removes his clothes and tears them, when he inflicts wounds with his nails, when he has a propensity to suicide—does the separate room prevent him? By no means; but the camisole sufficiently provides for such a case. For acts of this nature, the French never place the patient in seclusion; they prevent the possibility of his hurting himself or doing any injury, in depriving him momentarily of the free use of his hands; and in this way it is certainly much more humane than if he were subjected to imprisonment in a separate room.

"The opinion of French physicians is explicit on this point. It is justified and summed up in the following paragraphs extracted from an extremely interesting work, which, Dr. Morel, physician in chief of the Mareville asylum (Meurthe), has just published. 'We know,' says this honorable physician, 'that under the influence of an irresistible delirium, a patient is often forced into acts of deplorable agression: we have the right to protect ourselves from these instinctive passions, and not only ourselves but the inoffensive beings confided to our care. Who can, under such circumstances, accuse the physician of cruelty, who believes he ought to restrain within just limits the destructive powers of these patients in applying the camisole, not permanently, as was unhappily the case formerly, but within those limits, which make of this effective method of restraint a just and legitimate means of punishment?'

"It is in accordance with these principles that the application of the camisole, very limited in its employment,

becomes a medical element (of treatment); it is the physician himself who prescribes its use, and who fixes its duration. It is a useful means of restraint for the patients whom we have described, and for those whose destructive and depraved instincts are directed against their own persons. The insane, whose indomitable turbulence, dangerous tendencies, and perverse will, we combat by the camisole, find themselves, by reason of their own and the general security, in a complex situation. If we absolutely reject the employment of the camisole, we are obliged to restrain the liberty of the dangerous or refractory patients by a life of seclusion. Many attendants are sometimes necessary in order to subdue their movements, and to prevent them destroying themselves by beating their heads against the walls. These struggles are not effected without a great manifestation of natural irritability; they do not prevent all dangers, and even supposing that the use of the camisole, limited as it ought to be, is a bad mode of restraint, of two evils we choose the least.

"We think then that in this matter, as in many others, we must not be too exclusive. On both sides, the intentions are excellent. The practitioners of both countries have only in view what can most contribute to the well-being of their patients. They do not cease to rival one another in efforts in this direction, and the present discussion is another proof of it. But the system which our neighbours have made a subject for triumph, appears to us the application of a principle of benevolence and humanity carried too far.

"We honour then the English doctors for the laudable intentions which animate them, but we persist at the same time in a system, of the advantages of which experience has made us conscious, *and which in many cases is at once more rational, more efficient, and more humane.*"

These remarks are of great interest, and are written in a philosophical and truth-loving spirit, which all writers on the subject would do well to follow. There is one point, however, to which I would refer, in regard to which I think the remarks of M. Battel are calculated to convey a false impression. In speaking of and contrasting the French and English systems, M. Battel says that they (the French) have the waistcoat and seclusion—we, only the latter. But when M. Battel speaks of cells or separate rooms as being employed by the French, he is speaking of quite a different thing to what we in England mean by those terms. The "cellule" of a Parisian asylum is a single-bedded room; to confound this therefore with our carefully guarded, empty, padded rooms is obviously unfair. There is neither in the Bicêtre nor the Salpetrière a single separate room without a bed, and otherwise prepared for a violent unrestrained patient. Nor did I see one at Charenton. I cannot therefore admit that the French do employ seclusion—in our sense of the word. And when employed I believe it is rarely if ever employed alone, but in addition to the waistcoat, &c. If a patient is camisoled, then fastened into a chair such as I saw at Charenton, and then placed in his bed room, he is certainly secluded; but it is not the seclusion of an English asylum where non-restraint is practised.

Many of the arguments used against Non-Restraint—including several employed by M. Battel—would cease to have any force, if suitably prepared seclusion rooms existed. It is one thing to leave a violent, dirty, suicidal patient alone in his bed room, and quite another to place him in a padded room, deprived of everything that he can injure, or by which he can injure himself, and subject to surveillance by means of an inspection plate. M. Battel

fears a suicidal patient would attain his object by running his head against the wall, an apprehension perfectly well grounded in Paris asylums, but groundless if the patient be placed in a properly padded room, and is subjected to an efficient oversight. It must then be clear that if an experiment is to be made of the Non-Restraint System—it must be under the conditions specified by its supporters. Without them, it is impossible to decide whether it is practicable or not.

In accordance with the theoretical views expressed by the French physicians, I found a very considerable number restrained by the camisole at the Salpetrière, Bicêtre, and Charenton. Some of these were also confined by straps, to a chair. At Charenton I saw in one room—the salle à manger for the refractory women—three women sitting in coercion chairs, fastened to them, and camisoled. But although a large number were restrained by such mechanical means in the Paris asylums, I believe there is a considerable amount of attention paid to the patients—to their comfort, care, and cure. In Dr. Falret's division at the Salpetrière I was much interested in the day room for the tranquil, in which were seated a large number of women engaged in sewing, and looking very clean, well dressed, and comfortable. On one occasion they sung, and recited many poetical pieces committed to memory for the purpose —Dr. Falret present and encouraging them by signs of approbation. Several tunes were also played on the piano. This was a highly interesting exhibition, and reflected credit on Dr. Falret who introduced these exercises.

At the Bicêtre also (notwithstanding much that was disgraceful) I was much gratified by witnessing, in the division under the care of Dr. Voisin, a musical band composed of patients, apparently entering with great heart

into the entertainment. Still more interesting was the idiot school conducted with considerable energy by its master. This school was among the first—if not the first—to prove how much may be done in educating the idiot; and Dr. Voisin has shown to how great and unexpected an extent the form and size of the head may, even in cases of marked cerebral deficiency, be developed by the laborious teachings of the schoolmaster. Much credit is due to Ferrus, Voisin, and other French physicians for the manner in which they have worked at this subject, and devoted their energies to it, until they have demonstrated the encouraging results of idiot schools. We have in this particular been behind the French and Germans, and are only beginning to emulate them in this noble work—one certainly of extreme labour and self-denial.

CHAPTER IV.

SUCCESSIVE CHANGES IN THE MORAL TREATMENT OF THE INSANE IN ENGLAND—PERIOD 1792-1814.

Having traced the successive changes which have taken place on the Continent in regard to the Moral Management of the Insane, let us turn to the history of insanity in our own country, which, as we have already mentioned, dates by a singular coincidence from the same year as in France. It will also be necessary to describe more particularly the condition of the English asylums towards the close of the last century. We shall choose the York asylum* for our illustration on two accounts; first, because, in the words of Dr. Conolly, "among the bad, the York asylum was the

* Its condition at this period appears to have been essentially the same as in 1814; we shall therefore defer the description of it until we speak of its downfall and exposure.

worst;" and secondly, because the horrible condition of this asylum led to its exposure and downfall, and the consequent spread of enlightened views regarding the nature of insanity and the treatment of the lunatic.

The York Lunatic Asylum was founded in 1777 by general subscription, and had for its object "the decent maintenance and relief of such insane persons as were in low circumstances." Up to the year 1791 no cause for any suspicion in regard to the comfort of the patients occurred. "In this year, however, some members of the Society of Friends sent one of their family, a lady, for care to that asylum. The rules of the asylum forbade her friends to see her—she died—something wrong was suspected, and from that day the Society of Friends, acting as always in conformity with Christian precepts, and never hesitating to face a right work because of its difficulties, determined to establish an institution, in which there should be no secrecy. Wm. Tuke was the great founder of the new asylum, and from the first, he and his friends pursued in their institution those principles which are now universally acknowledged."*

"By a singular and interesting coincidence," writes Dr. Thurnam, "it was in the Spring of 1792, the very year in which Pinel commenced the amelioration of the treatment of the insane in France by the truly courageous act of unchaining fifty supposed incurable and dangerous lunatics at the Bicêtre, that the establishment of the Retreat (at York) was proposed by the late William Tuke."†

It will be useful to detail more particularly the treatment pursued at this institution. Like Pinel, the founders of the Retreat did not at once perceive how far the lunatic might be permitted his liberty, or to what extent his feelings

* Dr. Conolly's speech at Willis's Rooms—*Daily News*, April 1st, 1852.

† Born, 1732. Died, 1822.

and better nature might be effectually appealed to. They speak in their prospectus of their desire to introduce "cheerful and salutary amusements;" and another paragraph speaks of their wish "to cherish in the patients the strengthening and consolatory principles of religion and virtue."

No chains or any instrument of punishmennt were allowed, and in order to avoid the appearance of a prison in their building, iron sashes were substituted for the bars then in use in asylums for the insane; and in order to imbue the patient's mind with the idea that he had come to a temporary home, they suggested the name of "*Retreat*," a term now so commonly employed for these institutions.

Their first report speaks of the introduction of *suitable employment*, in order "to relieve the languor of idleness and prevent the indulgence of gloomy sensations;" and alludes to the custom of forming *tea parties*, at which the officers entertained their guests—the patients.

Of Jepson, one of the early superintendents, a man remarkable for the union of firmness and humanity, and one who entirely discarded the then prevalent barbarous notions of treatment, the following is related:—

"A patient of rather a vindictive and self-important character, who had previously conducted himself with tolerable propriety, being in the airing court, climbed up against a window, and amused himself by looking into one of the rooms. An attendant who had not been long in office, perceiving his situation, ran hastily towards him and without preamble drew him to the ground. He was exceedingly indignant, and becoming furious attacked the attendant, and probably would have done him a serious injury if his cries had not brought others to his assistance. Soon after this circumstance, (which Jepson considered to have a permanently injurious effect upon the patient) Jepson

and this individual were one day together in the fields, when something occurred which excited the vindictive feelings of the patient: he retired a few paces, and seized a stone which he held up, as if about to throw it at his companion. The superintendent in no degree ruffled, looked steadily at him, and at the same time advancing, commanded him in a firm tone of voice to lay down the stone. The hand of the patient gradually sunk from its threatening attitude, he dropped the missile, and quietly submitted to be led to his own apartment."

A graphic account is given by a traveller, Dr Delarive, of Geneva, of his visit in 1798 to the Retreat, which will propably convey a clearer idea of its condition than any description we can give:—"He (Dr. Fowler*) communicated to me his observations with the animation of a friend of humanity, who seeks to propagate useful ideas. . . . . We rang; a young woman came to open the gate. This young woman, said the doctor, is one of my patients; she is well enough to be in the kitchen, and she is employed as much as possible. A man who was sweeping the yard, and who came to salute the doctor, was another of his patients. We were introduced into the parlour, furnished very simply, but with great neatness. After a short time the superintendent arrived and accompanied us to every part. . . . . The chief part of the moral treatment, (in addition to the internal arrangements of the building) consists in the use of agreeable remunerative means. As soon as the patient is quiet they remove him from restraint—they permit him to go out of his room, and to walk in the open air in a large court surrounded by a wall; if he continues better he is preferred to a chamber on the first floor, which

* One of the physicians; and favourably known to the profession by his tracts on arsenic, tobacco, &c.

is a kind of honourable promotion, and serves to encourage him to exercise self-restraint. These rooms are large, and more agreeable than the lower ones, and are provided with more furniture, and are altogether the picture of neatness. . . . As soon as the patients are well enough to be employed, they endeavour to make them work. The women are employed in the usual female occupations. The men are engaged in straw and basket work, &c. The superintendent had made an experiment a few days before which had answered very well: the institution is surrounded by some acres of land which belong to it; he had undertaken to make the patients cultivate this land, giving to each a task proportioned to his strength; he found that they were fond of this exercise, and they were much better after a day spent in this work, than when they had remained in the house, even when they had had the liberty of taking a walk; whilst thus engaged they were also attended by several overseers. I went to see them at work; they were about fifteen in number, and appeared as contented and satisfied as their condition would allow."

It is very apparent then, from the preceding extracts, that at the time when chains and stripes were being employed in many English asylums, including one within a few miles of the Retreat, the founders of that institution were conducting a grand experiment in the treatment of the insane, founded on the principles of humanity, religion, and common sense. And this, at a time when Cullen wrote in favour of the employment of fear in the treatment of lunatics, and prescribed "stripes" in some cases of mania.

But, as already stated, although the treatment adopted at the Retreat was diametrically opposed to that in vogue and under the sanction of high authority, it did not in all cases involve the entire abolition of mechanical restraint.

"Certainly," says Dr. Conolly, "restraint was not altogether abolished by them, but they undoubtedly began the new system in this country, and the restraints they did continue to resort to were of the mildest kind." It was thought that cases existed in which less excitement was created by the use of the strait waistcoat during a maniacal paroxysm than by the employment of great physical force on the part of an attendant, for it must be remembered that the padded room was not then introduced. But no "whirling chairs" were employed; no "bath of surprise" brought the lunatic to his senses, nor sudden descent from church tower awoke his slumbering intellect; no cage-like den was there in which to incarcerate the maniac, far from all human sympathy, and the light and breath of heaven—yet the venerable Founder, we are told, could tread his way through the wards of the asylum, not only without the fear of injury, but greeted by many a warm hand-shake, and by eyes glistening with grateful emotion, and kindling into intelligence.

With regard to the architectural arrangements, it necessarily happened that the knowledge which they obtained by subsequent experience came too late to be fully embodied and carried out in the building; in planning which they were compelled to take for granted many current ideas, afterwards falsified by their own experience. Notwithstanding, in the size of their rooms, in the general arrangement of the house, and especially in the avoidance of a gloomy prison-like aspect, substituting for this the impression of a rural mansion, they anticipated to a remarkable extent the principles now admitted in reference to the construction of asylums for the insane—a subject of primary importance in the moral treatment of insanity. They entirely discarded the practice, then common in even the very best asylums, of having apertures guarded by strong iron bars and shutters

in the cells of the poorer patients, in the place of glazed windows. The shutters when closed of course excluded both light and air. No doubt the most important element in their moral treatment was the thorough kindness evinced towards the patient, the ready sympathy ever expressed in his troubles and fears, and the confidence reposed in his word when given in honour. These were the grand secrets of the success of the founders of the Retreat, on which, while not despising pharmaceutic means, they chiefly relied; and it is a curious and interesting fact, that although the institution has been since conducted not only with efficiency and humanity, but also with very much more of medical treatment, the number of cures has at no time materially exceeded that which occurred during the early period of its history.

It was impossible that this great experiment could be going on without attracting the attention and curiosity of medical men and philanthropists; and the numerous enquiries made respecting it at last led (twenty-one years after its projection) to the publication of an account of the institution, and of the methods of treatment adopted in it.* The following brief extracts from this work may serve to show the opinions of the author, and the principles adopted at the Retreat. "People in general have the most erroneous notions of the constantly outrageous behaviour or malicious dispositions of deranged persons; and it has in too many instances been found convenient to encourage these false notions to apologize for the treatment of the unhappy sufferers, or admit the vicious neglect of their attendants. In

* "Description of the Retreat," 1813, by Samuel Tuke, the grandson of the founder. Having united together for many years in the same object (the latter living to the advanced age of ninety) their names are often confounded together.

the construction of asylums cure and comfort ought to be as much considered as security; and I have no hesitation in declaring, that a system which, by limiting the power of the attendant, obliges him not to neglect his duty, and makes it his interest to obtain the good opinion of those under his care, provides more effectually for the safety of the keeper, as well as of the patient, than all the apparatus of chains, darkness, and anodynes."

At page 156 we read,—"The female patients in the Retreat are employed as much as possible in sewing, knitting, or domestic affairs; and several of the convalescents assist the attendants. Of all the modes by which the patients may be induced to restrain themselves, regular employment is perhaps the most generally efficacious; and those kinds of employment are doubtless to be preferred, both on a moral and a physical account, which are accompanied by considerable bodily action, that are most agreeable to the patient, and which are most opposite to the illusions of his disease.

"When fear is too much excited, and where it becomes the chief motive of action, it certainly tends to contract the understanding, to weaken the benevolent affections, and to debase the mind. It is therefore wise to excite as much as possible the operation of superior motives; and fear ought only to be induced when a *necessary* object cannot otherwise be obtained." . . . . . "If it be true that oppression makes a *wise* man mad, is it to be supposed that stripes, and insults, and injuries, for which the receiver knows no cause, are calculated to make a *madman* wise? or would they not exasperate his disease, and excite his resentment? May we not hence most clearly perceive why furious mania is almost a stranger at the Retreat? why all the patients wear clothes, and are generally induced to adopt orderly habits?"

The last extract we shall make refers to mechanical restraint and seclusion. "Except in the case of violent mania, which is far from being of frequent occurrence, coercion, when requisite, is considered as a necessary evil; that is, it is thought abstractedly to have *a tendency to retard the cure, by opposing the influence of the moral remedies employed.* It is therefore used very sparingly; and the superintendent has often assured me, that he would rather run some risk than have recourse to restraint when it was not absolutely necessary. . . . . I feel no small satisfaction in stating upon his authority that during the last year, in which the number of patients has generally been sixty-four, there has not been occasion to seclude, on an average, two patients at one time. I am also able to state, that although it is occasionly necessary to restrain by the waistcoat, straps, or other means, several patients at one time, yet that the average number so restrained does not exceed four, *including those who are secluded.* . . . . . It deserves enquiry, whether the extensive practice of coercion which obtains in some institutions, does not arise from erroneous views of the character of insane persons; from indifference to their comfort; or from having rendered coercion necessary by previous unkind treatment."

The publication of these sentiments, accompanied by an account of their successful practical adoption, had an immediate effect. The medical superintendent of the York asylum took offence at the mention of the fact, that the establishment of the Retreat was suggested by dissatisfaction with the treatment of a patient in a neighbouring asylum. A long paper controversy ensued in the local papers, during which, a case of gross ill treatment in the asylum came to light; the public were aroused; a committee of enquiry was formed; the result is well known—the most fearful

abuses were discovered and every officer and servant dismissed. These abuses it is necessary briefly to mention, because they were shown to have existed for many years previously, and hence they illustrate the condition of the insane at the period when a more enlightened moral management was introduced. By this contrast can we alone fully realize the importance and reality of reforms which have taken place in respect to the treatment of the most pitiable class of the human race.

We proceed to consider the condition of the asylum under various heads, and are mainly indebted for the particulars to Dr. Thurnam's laborious work, the "Statistics of Insanity," and the local publications of that period.

I.—Means for exercise, occupation, and amusement.

There were no day rooms with contiguous airing courts, and there were but two courts for all classes of patients except the opulent, who took their exercise in the garden. All the rest of the men, amounting in all to *more than one hundred*, were turned into one court; and the women, amounting to about 70, into the other. In neither of these courts was there any provision for shelter against the rain or heat. "In this way, you might see" says one of the reforming governors "more than 100 poor creatures shut up together, unattended and uninspected by any one; the lowest paupers and persons of respectable habits, the melancholic and the maniac, the calm and the restless, the convalescent, and the incurable." . . . It was discovered that several patients had been killed by their companions.

II.—Internal economy and government.

There was a general want of order and discipline throughout the house; the proportion of attendants to

patients was as follows :—four male and three female attendants to 200 patients, 122 men and 77 women; the number originally fixed upon when there were only 54 patients!

III.—Ventilation, cleanliness, &c.

The asylum was excessively crowded; 160 patients being placed in the original main building only designed for 54. . . . Some slept *three in a bed* and the air in consequence became extremely offensive and unhealthy. . . . It was almost impossible to conceive any place in a more damp and offensive state than one part of the building called "the low grates." The light in several of these rooms on the grond floor was obstructed by the erection of pig-styes and other disagreeable offices, and the little air which was admitted, passed immediately over these places.

IV.—Clothing, personal cleanliness, &c.

Many of the patients were altogether unprovided with shoes and stockings, and the rugs and blankets which formed their bed covering, were too short to cover the feet. Added to this, there was "gross neglect of cleanliness and attention to the person," as was shown by the vermin and filth, with which it was proved the patients were in several instances covered. One of the governors visiting the asylum (six months after the commencement of the investigation) in April 1814, between 10 and 11 a.m. "found a male patient without any clothes whatever standing in a washhouse, on a wet stone floor, apparently in the last stage of decay; he was indeed a mere skeleton; his thighs were nearly covered with excrement in a dry state; and those parts which were not so, appeared excoriated, as did also some parts of his waist. An attendant who was called, said that the patient was not accustomed to leave

his bed; that he was a mere child and could do nothing for himself; that his attendant was *busy killing pigs*, and could not therefore attend to him! The bed which he was said to have left was in the most filthy state, and corresponded with that of the body. He was spoken of by all as a dying man. The further history of this poor creature proved however the fallacy of appearances. He was removed to another part of the asylum where he was better attended, and in a few months was so much recovered as to be removed to his parish in an inoffensive though imbecile state of mind." One of the keepers gave in evidence that "when patients are very violent, and the waistcoat makes their arms swell, it is taken off, and they are put in the cells. They stay there two or three days, or as much as a week, if very violent. They have blankets and straw; they are sometimes put in without a shirt on," &c. It was stated by a patient who had left the asylum recovered, that when he was a patient he was shut up, for a week or more at a time, in a dark cell naked, sometimes with another patient; that he was obliged to attend to the calls of nature in the corner of the room; and that the straw was not changed for a considerable number of days.* Four secret cells were discovered, which were about 8 feet square, and in a state of filth disgusting beyond description, they were covered with straw which was perfectly soaked with urine and excrement, and were occupied at night by thirteen most miserable looking women, who during the day were crowded into a room measuring 12 feet by 7; in one of the cells there was a chain with handcuffs affixed, fastened to a new board in the floor.

* The evidence of patients however, and even attendants, must be received with caution. The evidence of the governors and visiting magistrates is much more conclusive.

V.—Diet.

The upper classes had tea twice a day: the lower classes no tea, but gruel, or milk and oatmeal for breakfast. The paupers and middle class of patients had both three meagre days, and the paupers had roast meat only on Sundays. On Saturdays the middle class had principally cold meat, and the lowest class had offal in hash.

VI.—Moral Treatment.

The extent to which strait waistcoats, handcuffs and chains were employed, has been already spoken of. "A set of remarkably heavy irons, which are still preserved at the asylum, were also discovered a few days afterwards in a closet. It likewise cannot be concealed that there is great reason for concluding that corporal chastisement and personal cruelty were not uncommonly practised by the keepers, and that until a short period at least before the reform of the establishment, flogging and cudgelling were systematically resorted to, with the view of reducing violent and excited patients to obedience and submission."

The foregoing details may be appropriately concluded by the following quotation from the *British and Foreign Medical Review*, vol. ix. p. 146, in which the writer says "the York asylum was for the long period of thirty-seven years (1777—1814) the scene of every abuse that rapacity and inhumanity could crowd into a single institution. The mere recital at the present day would exceed belief. Suffice it to mention, that among the instances of mismanagement gradually brought to light, were the most aggravated neglect of all medical and moral treatment; every species of cruelty; much gross immorality; every practicable variety of shabby embezzlement and peculation; false

reports—in which especially the *deaths* were concealed, even so many as 100 at a time, the occasional disappearance of patients supposed to have been murdered outright and returned in the reports as dead, or removed, or cured; and as a grand and appropriate finale, a very strong suspicion of the building itself being wilfully set on fire, in the hope of destroying some of the books or patients."

No apology, it is hoped, is required for having thus entered somewhat minutely into these particulars, seeing that any history of insanity embracing this period, would be most defective, were it to pass hastily over the circumstances which at once illustrate so forcibly the nature of the old system, and contributed in so marked a manner to the introduction of the new. It is strange, that although a better system of treatment was introduced so long before, the reform in the asylums in England generally, should not have taken place before 1814.

We have now passed in review the condition of two asylums, presenting, in respect of moral management, the most remarkable differences. What was true of the York asylum, was alike true, to a certain extent, of a great number of the English asylums; but the treatment adopted at the Retreat, had, during the interval which elapsed between its foundation and the destruction of the York asylum, extended to a few of the institutions of the insane—among which we may mention the asylum at Glasgow, projected in 1808.

The asylums of Bedford and Nottingham were opened in 1812.

Were we engaged in writing a detailed history of insanity during the period assigned us, it would be necessary to particularize individual asylums; but as our object is rather to present a general view of the progress

of the moral treatment of the insane, a reference to the treatment pursued in every particular asylum would be out of place in the present Essay.

These two opposite systems of treatment struggled for the mastery; but it must be borne in mind, that although that management of the insane which consisted so essentially in mechanical restraint had, in some instances, as at York, its origin in cruelty and recklessness, its general use arose from the idea impressed upon the superintendents of asylums, no less by the highest authorities than by antiquity, that it was the necessary and the best mode of treatment. It was connected with a theoretical ignorance of the nature and pathology of insanity, and with a practical want of acquaintance with the habits and tendencies of the insane. If then, to determine the condition of the moral management of the insane in England during the period extending from 1792 to 1814, we review the then existing asylums, we shall find —1st. A total absence of moral management in the greater number of asylums (as at York). 2nd. A very high degree of moral management in which mechanical restraint was rarely employed, and then of the mildest kind (as at the Retreat). 3rd. A considerable amount of moral government, but combined with the extensive use of mechanical restraint, not from cruelty but from ignorance.

Under the first class we meet with chains, stripes, and a filthy condition of the person of the lunatic. In the second, we find the waistcoat or a strap, occasionally resorted to in extreme cases; but the almost sole reliance placed upon strictly moral means—persuasion, gentleness, and sympathy. In the third class we see the waistcoat, seclusion, chairs, &c. in constant use, many patients being never free from mechanical restraint.

With a few noble exceptions then, we must regard the

condition of the insane as most deplorable up to the year 1814—prior to which only a few struggling rays of light pierced the fearful night of darkness in which psychological therapeutics were enshrouded; and we leave the consideration of this period with painful reflections on the slow advance of correct and humane principles, even after the right way has been indicated, when opposed by the authority of ages, the ignorance of the multitude, and the cruelty and cupidity of those interested in the continuance of an abuse.

All honour to the men, whether in our own country or in France, whose warm hearts and enlightened judgments perceived the inhumanity of the system they found, and relying on the justice of their cause, broke in pieces the iron manacles which confounded the lunatic with the felon, and swept away that mass of inhuman treatment which reduced him to the level of the brute.

"*Egregia sane laus! Præclaram enim humanitas atque disciplina de barbarie reportavit victoriam.*"

CHAPTER V.

(Period 1814-1839.)

It cannot be doubted that the exposure of the abuses existing in the York and some other large asylums awakened the public mind in an extraordinary degree, and aroused strong suspicions as to the probable condition of similar institutions. Hence it is usual to date to this period the general desire for improvement which now became manifest, on the part not only of the public, but of medical men specially engaged in the treatment of mental diseases. Old

asylums were remodelled; the whip and chain discarded, and milder modes of coercion introduced. New asylums were erected, superintended by men of intelligence and humanity, who, recognizing the supreme importance of moral treatment, endeavoured to employ as little as (was then thought) possible, any form of mechanical restraint.

Gross as were the examples, therefore, of an opposite state of things, we may I think fairly take the above as a just representation of the tendency of the treatment of the insane during the twenty-five years which we are now reviewing. Something was also done towards spreading information on the nature of insanity. A writer in the *Medico-Chirurgical Review* however observes: "It seems almost incredible that this rich field for study should have been so little cultivated, that with the exception of Sir Alexander Morison, no one that we know of, has ever delivered a course of lectures upon the subject until the recent ones of Drs. Conolly and Sutherland.

Sir Alexander Morison's lectures were commenced in 1823 and continue to the present time (1845); and the fact of only 150 gentlemen having attended them during this long period, proves how little alive medical men have been to the importance of the subject."

During this period the following asylums were opened, *viz.*: Norfolk (1814); Lancaster (1816); Stafford (1818); York (West Riding), 1818; Lincoln (1820); Cornwall (1820); Gloucester (1823); Warneford near Oxford (1826); Chester (1829); Suffolk (1829); Middlesex (1831); Dorset (1832); Kent (1833); Leicester (1837); Northampton (1838).

We have now arrived at that important stage of our history when the experiment of the entire abolition of mechanical restraint was to be tried. The scene of this

experiment was the Lincoln asylum. How gradual was its introduction the following table will show :—

TABLE.

Year.	Total number in the House.	Total number Restrained.	Total number of instances of Restraint.	Total number of hours under Restraint.
1829	72	39	1,727	20,424
1830	92	54	2,364	27,113
1831	70	40	1,004	10,830
1832	81	55	1,401	15,671
1833	87	44	1,109	12,003
1834	109	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	334
1837	130	2	3	28

Here we observe that in 1829, more than half the number of the inmates were subjected to mechanical restraint, while in 1836, out of 115 patients only twelve were so confined; and that in (March) 1837 there were only two out of 130; at which date the practice was wholly discontinued.

As illustrating "the successive improvements which have taken place in the treatment of the insane," it will be needful to trace the course of this experiment, by making extracts from the minutes of the Board, &c. of the asylum.

1819. *Rule* 75. That the attendants and servants never presume to use any degree of restraint or violence without the consent of the director.

1828, *Oct.* 13. Resolved:—1. That every instrument of restraint, without exception, *when not in use*, be hung up in a place distinctly appropriated in some easily accessible part of the Asylum, so that the *number in use at any time*, the nature of such instruments, and their state of cleanliness may appear. * * 2. That the Physicians be requested to consider whether it be possible to make any improvement in the means of restraint now in use, and especially for obviating the use of the strait waistcoat.

1829, *February* 16*th*. Resolved :—That it appears to this Board, after full enquiry, that ——— died in consequence of being strapped to the bed in a strait waistcoat during the night. Ordered :—1. That the use of the waistcoat be discontinued in this institution, except under the special written order of the Physician of the month, and that an attendant do continue in the room all night, whenever its use during the night shall be ordered. 2. That the Director do keep a journal, in which he shall make daily entry of every Restraint and severity used in this institution, specifying the nature of the Restraint or severity applied, and the hours at which the same commenced and ended.

1829, *May* 4*th*. Ordered :—1. That the heaviest pair of iron hobbles (weight, 3lbs. 8oz.) and the heaviest pair of iron handcuffs (weight, 1lb. 5oz.) be destroyed. 2. That of the eleven strait waistcoats now belonging to the house, the worst five be destroyed.

1832, *July* 16*th*. Ordered :—1. That buckskin and round-cornered buckles be used for the hobbles. 2. That a leathern belt, for temporary security of patients becoming suddenly violent, be kept in the attendants' rooms. 3. That two strong dresses be procured for the male patients who tear their clothes.

1833. (Report) The propensity of some patients to destroy their wearing apparel has been found a great inconvenience in all asylums and has introduced the use of the "muff," an instrument open to some of the worst objections against the waistcoat; but now nearly superseded in the Lincoln asylum by adopting for such persons a dress which is not torn without great difficulty.

1834, *March*. (Report) Strangers who visit the Lincoln Lunatic Asylum, usually express their great surprise at the

freedom enjoyed by the patients and the rarity of even individual instances of personal restraint. * *

1834, *July* 21*st.* Ordered:—That the instruments of restraint now produced—strait waistcoats, jacket and sleeves, muffs—*being unnecessary, be destroyed.*

1835, *April.* (Report) A further review of the instruments of restraint has reduced them to four simple methods, *viz*:—

Day—1. The wrists secured by a flexible connection with a belt round the waist. 2. The ankles secured by a flexible connection with each other.

Night—3. One or both wrists attached by a flexible connection to the side of the bed. 4. The feet placed in night shoes, similarly attached to the foot of the bed. But it is added, that "strong dresses which cannot readily be torn, and list shoes, generally supersede the necessity of any restraint, even in excited cases."

1835, *October* 14*th.* Ordered:—That strong dresses of barragon or sacking be procured for the patients who tear their clothes, to prevent the necessity of Restraints.

1837 *March. From this date all restraint whatever has been disused at Lincoln.*

In connection with the foregoing proceedings, it must be mentioned that the entries of the visitors and the reports of the Physicians alike agree in describing the condition of the patients as much improved, the quiet of the house increased, and the number of accidents and suicides materially reduced in number. "There is now," says the fourteenth annual report, "an increased confidence that the anticipations of the last year may be fulfilled, and that an example may be offered of a public asylum, in which undivided personal attention towards the patients shall be altogether substituted for the use of instruments of Restraint. The bold concep-

tion of pushing the mitigation of Restraint to the extent of actually and formally abolishing the practice, mentioned in the last Report, as due to Mr. Hill the house surgeon, seems to be justified by the following abstract* of a statistical table, showing the rapid advance of the abatement of Restraint in this asylum, under an improved construction of the building, night watching, and attentive supervision."

It would appear that the mitigation of restraint as evidenced by these minutes (which commence with 1819) "was ever the principle pressed upon the attention of the boards of the Lincoln asylum by its humane and able physician, Dr. Charlesworth; at whose suggestion many of the more cruel instruments of Restraint were long since destroyed, very many valuable improvements and facilities gradually adopted, and machinery set in motion, which has led to the unhoped-for result of actual abolition, under a firm determination to work out the system to its utmost applicable limits."†

Mr. Hill became house surgeon in 1835—and it will be seen by the table already given, that the amount of restraint which in consequence of Dr. Charlesworth's exertions had so much decreased, became less and less under the united efforts of these gentlemen, until the close of the year 1837, when restraint was entirely abolished; and while on the one hand, as Mr. Hill frankly acknowledges, "to his (Dr. Charlesworth's) steady support under many difficulties, I owe chiefly the success which has attended my plans and labours;" while Dr. C.'s great merit, both before and after Mr. Hill's appointment, must never be overlooked—it is only due to the latter gentleman to admit that he was the first to assert the principle of the entire *abolition* of mechanical

* *Vide* p. 79. † Hill on Lunatic Asylums. *Preface.*

Restraint—as is stated in the paragaph quoted from the fourteenth annual report; which report is signed by Dr. Charlesworth himself. And it is also right to state, that the subsequent unsatisfactory condition of the Lincoln asylum must not be attributed to Mr. Hill—he having left it in 1840.

The experiment then commenced by Dr. Charlesworth and completed by Mr. Hill, had resulted in establishing the *possibility* of the discontinuance of mechanical restraint even for a longer period than at the York Retreat. And it led to the adoption on the part of not a few, devoted to the subject of insanity, of what is now so well known as the Non-Restraint System. However much it was practically discontinued at York, it was now for the first time laid down *as a principle*—that in *no case* was mechanical restraint necessary. "I assert then, in plain and distinct terms, that in a properly constructed building, with a sufficient number of suitable attendants, restraint is *never necessary*, *never justifiable*, and always injurious, in *all cases* of lunacy whatever."*

This we repeat was a principle never laid down in this unqualified manner before; and never before was it accompanied by the practical exhibition of the principle in the total abolition of all personal restraint thoughout an asylum.

Experience could alone determine the practicability of this theory; for we submit, that it is an extreme and unwarrantable view of the subject, which starts with the assumption that the principle of personal restraint is necessarily wrong in itself; because we cannot but regard the distinction in practice to be in some instances arbitrary, and we cannot but admit that there is *some* justice in the following remarks of the Commissioners:—

* Hill on Lunatic Asylums, 1838.

"In those cases where the patient is overpowered by a number of keepers holding his hands during a paroxysm of violence, it is said there is no mechanical restraint. Here restraint of some sort or other is manifest; and even in those cases where the patient is forced into a cell by manual strength, and prevented leaving it until his fit of excitement shall have passed,—it is difficult to understand also how this can be reconciled with the profession of abstaining from all restraint whatever, so as to be correctly termed 'Non-Restraint.' It seems to us that these means are only *particular modes of restraint*, the relative advantages of which must altogether *depend upon the results*." (Report, 1844).

We shall not discuss this question in the present Essay, but it may not be inappropriate to introduce here the arguments which have been adduced on both sides—arguments which the Commissioners found employed during their investigation in 1844.

I.—Against Mechanical Restraint.

1. Non-restraint most humane and least irritating; it also encourages and strengthens self-control.

2. Recovery, when it does occur, is likely to be more permanent.

3. Mechanical restraint has a bad moral effect, and degrades the patient.

4. Experience demonstrates that there is more tranquillity in those asylums where the system is adopted.

5. Mechanical restraint is liable to great abuse from keepers, &c.

II.—For Mechanical Restraint.

1. It is necessary to acquire as soon as possible authority over a patient.

2. That, although this may be obtained in a majority of cases by persuasion, there are instances in which this fails.

3. Mechanical restraint entirely prevents the injury of the patient or of others.

4. The attendants are not to be trusted in their manual restraint of patients.

5. Mechanical restraint less irritating.

6. Expense of extra attendants great, and impracticable in pauper establishments.

7. Taking exercise in the open air compatible with mechanical restraint, not with seclusion.

8. Seclusion is essentially coercion, and open to the same objections on moral grounds.

9. The results of experience.

The abolition of restraint in all cases whatever must still be regarded as an open question, although the current of popular and of medical opinion is strong in its favour; but at whatever conclusion the friends of the insane arrive, we are sure that all will agree with the Author of the "Description of the Retreat" when he says:—"with regard to the necessity of coercion, I have no hesitation in saying that it will diminish or increase, as the Moral Treatment of the patient is more or less judicious."

Our own opinion of the question is so precisely expressed in the following remarks, taken from the third Report of the Wilts Asylum, that we shall conclude the subject by introducing them here:—"The writer is not of opinion that in no possible case is it justifiable or proper to have recourse to personal restraint, but he entertains a very strong conviction that the officers and attendants in an asylum should be trained to its habitual disuse; and that it should on no account be resorted to by the medical officer in charge,

except upon very grave deliberation, and after the failure of all other methods."

To return to our history. For a time there were certainly some drawbacks to the success of the Lincoln experiment from the serious physical effects (such as broken ribs, &c.) which occasionally resulted from the struggles between attendants and patients; and it is highly probable that had not the experiment been carried out on a large scale at Hanwell by Dr. Conolly, with much greater success, that a reaction would have ensued of infinite injury to the cause of the insane.

We shall speak subsequently of the substitutes for mechanical restraint.

We will only add to the history of insanity during this period, that the employment of patients, both in-doors and out, was carried to a much greater extent than previously, and that great credit is due to the efforts made in this respect by Sir William Ellis, both at Wakefield and Hanwell.

CHAPTER VI.

(Period 1839-1853.)

We brought down in our last chapter, the history of the treatment of the insane to the very important period when mechanical restraint was abolished on principle in the Lincoln asylum; and we briefly reviewed the differences of opinion existing among humane and well qualified observers as to the propriety of laying down an inflexible law prohibiting the use of mechanical restraint in all cases whatever.

We must now notice the practical trial of this theory on a much larger number of patients, and these of a class most likely to require coercion. Dr. Conolly went to Hanwell

in 1839, and in the first Report we read, "the article of treatment in which the resident physician has thought it expedient to depart the most widely from the previous practice of the asylum, has been that which relates to the personal *coercion* or forcible restraint of the refractory patients. . . . . By a list of restraints appended to this Report it will be seen, that the daily number in restraint was in July so reduced, that there were sometimes only four, and never more than fourteen in restraint at one time (out of 800); but since the middle of August there has not been one patient in restraint on the female side of the house; and since September 21st, not one on either side. . . . . For patients who take off or destroy their clothes, strong dresses are provided, secured round the waist by a leathern belt fastened by a small lock. . . . . No form of strait waistcoat, no hand straps, no leg locks, nor any contrivance confining the trunk or limbs or any of the muscles is now in use.

The coercion chairs, about forty in number, have been altogether removed from the wards. . . . . Several patients formerly consigned to them, silent and stupid, and sinking into fatuity, may now be seen cheerfully moving about the wards or airing courts; and there can be no question that they have been happily set free from a thraldom of which one constant and lamentable consequence was the acquisition of uncleanly habits."

In the fifty-third Report (April, 1840), the visiting justices report, that there has not been a single occurrence to weaken their confidence in the practicable nature of the system; and "that no increased destruction of clothing or other property is occasioned by the personal freedom which the patients enjoy. Indeed so far as clothing is concerned, the amount of destruction is somewhat lessened, because of

the general tranquillity of the patients from the adoption of thenew system."

In a later Report (October, 1844), Dr. Conolly states, "it is to be ascribed to the want of opportunities of observation that such a simple exclusion of irritations from an irritable mind—an exclusion not found to be necessary in more than four or five instances in any one day in the year among 1000 patients, and seldom prolonged beyond four or five hours in any of those instances, during which time the patient's state is frequently ascertained by means of the inspection plate in the door of his room, and all his reasonable wants and wishes are attended to—should have ever been confounded with the idea of solitary confinement; the latter in reality comprehending a privation of almost all the stimuli upon which the integrity of intellectual and physical life depends. . . . . After five years' experience I have no hesitation in recording my opinion, that with a well constituted governing body, animated by philanthropy, directed by intelligence, and acting by means of proper officers entrusted with a due degree of authority over attendants properly selected and capable of exercising an efficient superintendence over the patients, there is no asylum in the world in which mechanical restraint may not be abolished, not only with safety, but with incalculable advantages."

The subsequent experience of this asylum has, in the estimation of Dr. Conolly, only confirmed the truth of the above sentiments.

Thus then, whatever view we may take of the doctrine of the abolition of mechanical restraint, we cannot deny, that simply as an experiment, the attempt made at Hanwell, and now conducted for thirteen years, is one of very great interest, and has proved the *possibility* of governing the

insane with much less restraint than was heretofore thought necessary.

We shall next refer to the proceedings of some other lunatic asylums in regard to restraint at this period; for our information on this subject we are chiefly indebted to the Commissioners' Reports, 1844.

"In some asylums, both public and private, the superintendents and proprietors state, that they manage their patients without having recourse to any kind of restraint whatever. In other asylums it is affirmed, that the disuse of restraint is their rule and system, and that its use in cases of necessity or expediency, forms the exception to the rule . . . . . In every public and private asylum in the kingdom, which is well managed, bodily restraint is not permitted except in extreme cases, and under the express sanction of a competent superintendent.

"The Non-Restraint System was adopted at Lancaster in 1840. The same system has been in operation for some years in the Suffolk asylum; and is now (1844) in practice at Gloucester; and has been pursued at Northampton from its opening in 1838; and at the Haslar hospital it had been in operation fifteen months, at our visit in 1843. The superintendents of these asylums have all steadily pursued this system since its introduction, and as they consider with great advantage to their patients; but they still think it necessary to restrain the limbs during surgical operations. At the Suffolk asylum also mechanical restraint is not resorted to. . . . The only person under restraint at the Kent asylum, in which was a large proportion of most violent female patients, was a powerful and dangerous man, who is disposed to strike and injure the other patients, and especially those who are not so strong as himself. At the Nottingham asylum, when visited in 1843, no restraint had

been used during the previous year, except in four cases, and in those for surgical purposes. . . . At the Wakefield asylum there were ten patients under restraint.

"*Licensed Houses.*—At Durham Park and Fairford, restraint is stated not to be employed under any circumstances. The proprietors of almost all the best managed asylums for patients, employ restraint only in extreme cases. Out of fifty-four provincial asylums, in thirty-seven none, and in fifteen only one patient was under restraint at our visit. In the Metropolitan district out of thirty-three, in twenty-two none, and in six only one was in restraint. At the White and Red Houses, Bethnal Green, there are 575 patients; in these we seldom find more than one or two persons under restraint, and in four out of our last eight visits not one. At Hoxton, containing upwards of 400 patients, there are frequently eight or ten in restraint. Lincoln asylum is the only place in which even seclusion is not resorted to.

"Of the superintendents of asylums not employing mechanical restraint, those of the hospitals of Lincoln, Northampton, and Haslar, and of the county asylum at Hanwell, appear to consider that it is not necessary in any case whatever to resort to it, except for surgical purposes. On the other hand, the superintendent at Lancaster hesitates in giving an opinion decidedly in favour of the Non-Restraint System; he thinks that although much may be done without mechanical restraint of any kind, there are occasionally cases in which it may not only be necessary but beneficial. The superintendent of the Suffolk asylum considers that in certain cases, and more especially in a crowded and imperfectly constructed asylum like the one under his charge, mechanical restraint, judiciously applied, might be preferable to any other species of coercion, as being

both less irritating and more effectual. The superintendent of the Gloucester asylum states that he has adopted the disuse of mechanical restraint upon the conviction which his experience has given him during a trial of nearly three years. Of the superintendents of asylums who employ restraint, those of the Retreat at York, of the Warneford asylum, and of the hospitals at Exeter, Manchester, Liverpool, and St. Luke's, consider, that although the cases are extremely rare in which restraint should be applied, it is in some instances necessary. Similar opinions are entertained by the superintendents of the county asylums of Bedford, Chester, Cornwall, Dorset, Kent, Norfolk, Nottingham, Leicester, Stafford, and the West Riding of York. At the Retreat at York, mechanical or personal restraint has always been regarded as a "necessary evil," but it has not been thought right to dispense with the use of a mild and protecting personal restraint, believing, that independent of all considerations for the safety of the attendants and of the patients themselves, it may in many cases be regarded as the least irritating, and therefore the kindest method of control. Eight of the superintendents, employing bodily restraint, have stated their opinion to be that it is in some cases beneficial as well as necessary, and valuable as a precaution and a remedial agent; and three of them have stated that they consider it less irritating than holding with the hands; and one of them prefers it to seclusion."

We subjoin the following important statistical table, showing the number of patients under restraint in seventeen English asylums in the year 1844:—

TABLE *shewing the number of Patients under Restraint in seventeen English asylums in the year* 1844.

Asylums.	No. Confined.	No. under Restraint.
The Retreat	99	0
York Asylum	159	1
St. Luke's	222	1
Radcliffe	42	0
Liverpool	73	1
Exeter	48	1
Bedford	140	4
Chester	157	1
Cornwall	147	0
Dorset	105	0
Kent	253	1
Leicester	114	2
Nottingham	159	0
Norfolk	164	0
Stafford	244	1
Surrey	344	1
Wakefield	398	10
	2868	24

Thus out of seventeen asylums in six there was none, in eight there was 1 in restraint; while in the remaining three, one had 2, another 4, and the last 10 under restraint. In other words, seventeen asylums containing 2868 patients had, when visited by the Commissioners, only twenty-four persons mechanically restrained. We may also add that while the weekly average at Bethlem was eleven in 1839, it was only three in 1844.

Turning our attention to Ireland we find from the Report of the Richmond asylum, Dublin, in 1843, that personal restraint had very much diminished for several previous years, and as a general rule was then done away with, although exceptions might occur.

At St. Patrick's asylum, (Dublin), non-restraint was adopted prior to 1845.

The condition of the insane in America in regard to moral management deserves a passing notice. So far back

as 1840, we find Dr. Woodward stating in his elaborate Report of the State Lunatic Asylum, at Worcester, that of 230 patients only one was at the time of his writing, in personal restraint, and that five only were in strong rooms, in consequence of violence; whilst under a system of such leniency "the furious and violent have become cleanly and respectful; and the circumstances in which they are now situated, contrasted with the condition of suffering and wretchedness in which they formerly were, exhibit great improvement and decided benefit."

In a recent Report of the Bloomingdale Asylum we read, "We have never become proselytes to the doctrine of the absolutely entire disuse of all restraining apparatuses. There are exceptions to all rules which are not governed by the invariable laws of mathematics, or of moral right, and no argument however subtle or specious, or to appearances however strongly based theoretically upon benevolence, philanthropy, kindness, and the golden rule of 'doing to others,' can overthrow our belief, founded on the observation of several years, that there are cases in which the welfare of the patient and the dictates of true humanity require a resort to some restraining means. The truth of this proposition may be and perhaps is acknowledged by all. Let those who in their recession from left-hand defections have in our judgment fallen into right-hand errors assert that whatever restraint be applied should be that of the hands of the attendants. To this substitute or subterfuge we cannot resort, knowing as we do the greater irritation produced in a patient by being held by the hands of attendants than by having his limbs confined by mechanical appliances. In the former, mind struggles with mind; in the latter, with matter alone. The only means of restraint now used in the asylum are the camisole or long sleeve, leathern

muffs for the hands, and the invaluable apparatus invented by Dr Rufus Wyman for confining a patient in bed. The camisole is in nearly all cases sufficient. During the last three years the muffs have not been used in more than two or three cases annually, and in those but for a day or two or at most a few days each. There was one period of thirteen months during which restraint was resorted to in but two cases in the men's department. In one of these the patient while in a condition of typhoid delirium, wore a camisole three days, and in the other, the patient's hands were similarly confined a few hours to ensure the vesication of a blister."

But to return to England. While the moral management of the insane was progressing in the majority of the establishments for their care, the condition of other asylums was bad in the extreme; and it is necessary to describe that condition here in regard to several, in order to illustrate the history of the treatment of the insane in this country. We take the year 1844, and shall notice the following asylums:—Haverfordwest; West Auckland; Kingsdon House, and Plympton. (Commissioners' Report)

1. *Haverfordwest, County Pembroke.* — Deficient in every comfort and almost every convenience; the rooms small and ill ventilated, some of the lower rooms being almost dark. . . . No seat or table or any article of furniture in the women's room, and nothing except a table in the men's room. . . . The dress of the patients was in almost every instance dirty, ragged, and insufficient. There was not a single change of linen, either for beds or the person, throughout the asylum. . . . . The refractory patients were confined in strong chairs, their arms being also fastened to the chair. One of these, a woman, was entirely

naked, on both the days the Commissioners visited the asylum, and without doubt during the night. The stench was so offensive, that it was almost impossible to remain there.

2. *West Auckland.*—The violent and quiet, the dirty and the clean, were shut up together. There was only one small walled yard, and when the one sex was in it the other was locked up. . . . In the small cheerless day room of the males with only one (unglazed) window, five men were restrained by leg locks, called hobbles, and two were wearing in addition, iron handcuffs and fetters from the wrist to the ankle: they were all tranquil. . . . One woman was leg-locked by day and chained to her bed at night. Chains were fastened to the floors in many places and to many of the bedsteads. The males throughout the house slept two in one bed. . . The medical attendant considered that "bleedings, blisters, and setons," were the principal resources of medicine for relieving maniacal excitement.

3. *Kingsdon House, Box near Bath.* — There were seven females under restraint; two had strait waistcoats, two had their arms fixed in iron frames, not allowing the freedom of hand locks, and three had iron leg locks; one female was chained by her legs to a wooden seat in a paved passage; eight or ten of the females were fastened by straps and chains to their beds at night. One male was chained by his leg to a seat in the yard, and another male was chained to his bed at night.

4. *Plympton, Devon.* — In one of the cells for the women, the dimensions of which were eight feet by four, and in which there was no table, and only two wooden seats, we found three females confined. There was no glazing to

the window, and the floor of the place was perfectly wet with urine. The two dark cells which adjoin the cell used for a day room, are the sleeping places for these three unfortunate beings. Two of them sleep in two cribs in one cell. The floor in the cell with two cribs was actually reeking wet with urine, and covered with straw and filth. There is no window and no place for light or air, except a grate over the doors.

So much for the dark side of the treatment of the insane at this period. It is a proof that the progressive changes in the moral management of the lunatic had not extended to all our asylums in 1844.

It may be remarked here that the history of the Lincoln Lunatic Asylum, since the date at which we left it, has not been so favourable an example as we could have desired of the benefits of the Non-Restraint System: but this appears mainly to arise from their imperfect substitute for coercion, the unfortunate arrangements in regard to the duties of the visiting physicians, and the absence of classification. The Commissioners appear to have arrived at this conclusion and "offer no objection to the system," though at the same time they find great fault with the general condition of the house.

With regard to the Retreat, it may also be interesting to learn what course it has pursued during the last ten years in regard to restraint. Its excellent superintendent John Kitching, has kindly furnished me with the following table—and observes "that when restraint was applied to the same case in a different month, it is reckoned as a fresh case." The waistcoat, the wristband, and the waist strap, were the modes of restraint employed.

TABLE *shewing the amount of Mechanical Restraint at the Retreat, York, during the last ten years* (1842-1852).

Year.	Jan.	Feb.	Mar.	Apr.	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Tota.
1843	1	0	0	0	0	0	0	0	0	0	0	1	2
1844	0	0	0	0	1	1	0	1	0	1	0	0	4
1845	0	0	0	0	0	0	0	0	0	0	0	0	0
1846	0	0	0	0	1	0	0	1	0	0	0	0	2
1847	0	0	0	0	0	0	0	0	0	0	0	1	1
1848	2	0	0	0	0	0	0	0	0	0	0	0	2
1849	0	0	0	0	0	0	0	0	0	0	0	0	0
1850	0	0	1	0	0	0	1	0	0	0	0	0	2
1851	1	0	0	0	0	0	0	0	0	0	0	0	1
1852	1	0	0	0	0	0	0	0	0	1	0	0	2
Total	5	0	1	0	2	1	1	2	0	2	0	2	16

It appears that in most cases, restraint was employed for a very short period, and that others were cases of a purely surgical character.* The superintendent states, that "up to 1847 it seems that restraint was occasionally used for 'general and destructive violence.' Since that time it has been used twice on our patients for surgical purposes."

Dr Thurnam, in reply to an enquiry as to his opinion of the Non-Restraint System thus writes :—"I do not believe that the cases are other than most exceptional, in which seclusion (of course in connection with the appropriate therapeutic treatment, whatever this may be) is not a 'safe and sufficient means of restraint.' I have indeed seen, and can imagine other cases of an inveterate propensity to self-injury (by gnawing the flesh, &c., &c.), in which probably the really right course would be a combination of "*restraint*," and personal vigilance with soothing medical treatment, during the continuance of the paroxysm. Such cases are truly exceptional, and could not properly be met by the *mere* use of restraint as under the old system. In an asylum peopled as this was with old cases from private

* When this Essay was written the writer was not attached to the Retreat.

asylums, there are of course a certain number of 'dirty patients,' but by the sedulous use of attentions and precautions (as in the case of infants) the number of them gradually lessens. So far from the old restraint chair having any advantage, I regard it as positively injurious and merely ministering to the indolence and neglect of attendants."

Sufficient evidence has been adduced to prove that great improvements have taken place in the government of asylums during the last ten years; that the standard of the comfort of the insane has been very much raised; and that in regard to the question of Non-Restraint, the practice has been to a great extent adopted. Since the Report of the Commissioners in 1844, therefore, there has been a decided advance in its favour. They themselves have become thoroughly friendly to the system, and in reference to its progress, state in a recent Report, that "instances of mechanical restraint in public asylums are very few; that even in licensed houses, the practice is an exception to the general rule, and that the modes of restraint now adopted are such as to pain and irritate the patient as little as possible. The massive bars, the rings, and chains of iron, formerly resorted to are now no longer seen. In short the triumph of the Non-Restraint principle is almost accomplished."

Note.—The answers to the circular lately issued by the Commissioners to the superintendents of asylums will exhibit (when published) the amount of mechanical restraint employed in 1854, and will afford an opportunity of comparing it with the Report ten years since.

CHAPTER VII.

CONTRIVANCES ADOPTED IN THE PLACE OF MECHANICAL RESTRAINT.

To some extent we have necessarily anticipated the subject of the present chapter, while speaking of the successive changes made in the treatment of the insane; it will however be needful to consider more in detail, the various contrivances which have been substituted for personal coercion.

But here at the outset we would observe that any view would be extremely defective which should regard mechanical contrivances alone as the substitutes for personal restraint—and should exclude from consideration those moral means, the development and exercise of which have alone rendered the Non-Restraint System a possibility, and in the absence of which the nominal adoption of this system is emphatically a "delusion and a snare." We do not hesitate to assert that under a defective moral system of government, an inefficient superintendent, and attendants not of the highest moral stamp, any asylum discarding mechanical restraint will not only have gained no real advantage, but will probably have exposed the patients to another, and it is possible a worse form of coercion. In such an asylum the visitor might hear with delight that *there* mechanical restraint was totally abolished, and congratulate himself upon the progress of the age; but he ought to reserve his congratulations till he has witnessed the daily encounters between furious maniacs and attendants exasperated, vindictive, and often positively cruel. Here he might often witness scenes as painful to his feelings, as could be met with in asylums where mechanical restraint is resorted

to—scenes in which he would recognize as much evil to the patient, or more, than if a strait waistcoat were employed.

Hence, then, of primary importance in the consideration of the *substitutes* for restraint, is the moral character of the government of the asylum, using the term in its largest sense. With it, the Non-Restraint System is practicable and beneficial; without it, however high sounding, and grateful to the public ear, the system carries with it a very questionable advantage.

The grand secret of the right treatment of the insane lies in those golden words of Esquirol:—"To truly benefit the lunatic, one must love him and devote oneself to him."

This principle stands in complete antagonism to the treatment of the insane half a century ago. It is this great idea which we should ever wish to place as the effective antidote to cruelty, and as the one which did indeed overthrow the old order of things. It was this which animated Pinel; it was this which warmed the heart of the Founder of the Retreat, and which, while it did not at once free the lunatic from all personal restraint—recognizing him as "a man and a brother," treated him as one too. Nor are we unwilling to admit that it was a yet higher and further development of this idea, which introduced the entire abolition of restraint. But the two must be combined—the one presupposes the presence of the other, the perfect system, the perfect *morale*. Assuming then, as absolutely necessary to the carrying out of the Non-Restraint System, the efficiency and high moral tone of the superintendence, we must say one word more in reference to the attendance. The attendant must be trained to his duties; and learn to control himself in the frequently irritating positions in which he will be placed; his own moral character ought to be irreproachable, and his natural disposition humane. These

are far more important than physical qualifications, though these are by no means to be overlooked in the choice of attendants. *Cæteris paribus*—a powerful attendant is always to be preferred. It is evident that much conflict between an attendant and patient will be saved when the latter is conscious of the entire hopelessness of the result of any trial of strength.

Under the head of attendants we ought to refer to the plans adopted by the advocates of non-restraint when the patient is the subject of a maniacal paroxysm. It is the custom in some of the asylums referred to, to have a sufficient number of attendants in readiness, and for the one in immediate charge of the patient to blow a whistle with which he is provided; by which means he is immediately joined by several other attendants, and the patient is surrounded by them. Under these circumstances he usually offers no resistance, and allows himself to be led quietly to the seclusion room; or if he resist, he is carried away without risk of injury to himself or others. It is hardly necessary to add that no attendant is permitted to strike a patient, or address him in violent language, or in a loud tone of voice.

The *proportion* of attendants to patients is of course a subject of great importance—and it is clear that this proportion must be materially increased in those asylums in which the strait waistcoat, &c. are abolished. In the old York Asylum the proportion at its foundation was one to eight (in 1777); but at the time of its exposure was found to be one to twenty-eight! In the York Retreat the proportion is one to six. At the Lincoln Asylum one to eleven.*

* The utility of a large number of attendants will be admitted when it is considered, how important it is to bring as large an amount of *sane influence* as possible to bear upon the insane. This is not sufficiently borne in mind.

Next in order to superintendence and attendance we may refer to classification as absolutely requisite, in our judgment, in asylums conducted on the new principle. The greatest difficulties were encountered in this respect at the Lincoln Asylum by Dr. Charlesworth and Mr. Hill. It was found impossible to effect any radical change while the convalescent and the violent were huddled together in the same ward. Writing in 1821, Dr. Charlesworth complains, "that the epileptic, the melancholic, the idiotic, the incurable, and the convalescent all associate together;" and he adds, "that such an arrangement is not calculated to restore disordered minds, must strike the most common observer." It is remarkable, however, that a proper classification does not exist in this asylum at the present time, and has infinitely obstructed the success of the system.

The third rule then to be laid down as properly preceding all matters of detail is, a thorough classification of the patients, founded not on payments only, but on mental condition. The noisy, dirty, and violent patients must be separated from the melancholic and the convalescent. Imagine, allowing personal freedom to a man who is vociferous and destructive while he is in the same room with a sensitive melancholic, or intelligent convalescent! Nothing need be said, one would have thought, to show that here the abolition of restraint would be a curse instead of a blessing; and would completely interfere with the good order of the asylum and the recovery of the patients.

We shall now consider the more particular "contrivances" in use, intended to replace the employment of mechanical restraint.

I.—Seclusion Rooms, especially padded ones.

It will be obvious, notwithstanding the opinion of the conductors of the Lincoln Asylum, that it is of great importance to have a room in which the patient is alike unable to hurt others or injure himself. To prevent the latter, several contrivances have been resorted to in order to render the walls soft and resisting; among others, a compound of cork and india-rubber, but as this article is apt to become very hard, perhaps on the whole some completely elastic material, as cocoa-nut fibre or tow enclosed in strong ticken, is preferable.

In the Nottingham asylum, where they were first used, the pads consist of a light wooden frame, six or seven feet long, and two or three broad, covered by strong canvas nailed to the edges. The space between the frame and canvas is filled with some soft material tightly stuffed in, until the pads are about five or six inches thick towards their middle. Thus prepared the pads are placed upright along the walls, and confined by a wooden bar running across their ends and attached to the walls. Similar pads are placed upon the floor, and the close stool is also guarded by pads. The material used for stuffing is commonly cotton waste, and the cost of a room thus prepared is about £5 to £10.* At the York Retreat coarse tow enclosed in ticken is the material employed.

At the Northampton Asylum dried sea weed was formerly used to stuff the pads, as well as common mattresses. Its first cost is less, and it is said to be equally serviceable. In some cases the canvas is painted, for the sake of facilitating the cleaning. The frames can at any time be removed when soiled, or if the room is required for other purposes.

* *Vide* Dr. Ray's "Visit to English Asylums."

We have again and again witnessed the effect of removing a violent patient to a padded room, and have watched through the inspection plate the expression of the patient, and his actions when left to himself, and, as he conceived, unwatched; and we can truly say that in many instances the patient, who a minute before was in a most frantic condition,—kicking, striking, and swearing,—was instantly subdued; and in the great majority of cases the same event happened after no very long interval. The entire silence of the room, the absence of excitement, the impossibility of hurting anything or anybody, appear to convince the patient of the utter uselessness of yielding to his impulses.

Although we have spoken of these rooms being padded, this is not a necessary, though an advantageous arrangement, except in suicidal cases: and in an asylum where the writer lived several years the use of the padded room was the exception—it being more usual to employ a room boarded up to the level of the patient's height. And at the Lincoln Asylum, even the seclusion room was not, and we believe is not now made use of. At the Retreat two years elapsed without using the padded room, but its occasional employment is found necessary. The extent to which darkness may with propriety be employed is an open question: there can be little doubt however we think that occasionally it is useful and necessary. We should employ it with a sanitive view, and not with any idea of frightening or punishing the patient, precisely as we should exclude the light in an ordinary case of phrenitis. With regard to the time the patient should be kept in seclusion, this must depend in some measure on his condition; we have already said that some are tranquillized almost immediately, and the majority before a very long period has elapsed. Certain we are that a very

lengthened seclusion is a bad thing, and involves many of the evils of personal restraint. There are few cases in which it will be necessary to detain the patient in seclusion longer than a few hours. Means must be provided in these rooms for the patient's attending to the calls of nature. Perhaps the most convenient plan is to have a moveable vessel, introduced beneath a seat and pan fixed for the purpose, in one corner of the room—the vessel removed, either through an opening into the gallery, (as is usual in Continental asylums), or through a small spring-lock door under the seat. Scrupulous attention should be paid to the cleanliness of the pan, and the withdrawal of the vessel when it has been used. The pan should be funnel-shaped, and of so small an aperture below, that the patient cannot reach the vessel beneath.

In these rooms, of course the seat on which the patient sits ought to be fixed to the floor: the window out of his reach, and provided with a strong, sliding shutter.

On the subject of seclusion and padded rooms, the following particulars kindly communicated to the writer by Dr. Thurnam, will be read with interest:—"We have no rooms (at the Wilts County Asylum) specially set apart for seclusion, exclusive of the padded rooms. When seclusion is necessary it takes place in one of the ordinary bed rooms in which the window is protected with a strongly-secured oak shutter, the bedstead being securely fixed to the floor, or, for the time, removed from the room, should this be preferable. The shutters are perforated with holes of sufficient size and number to admit the desirable amount of light. The bottom of the window is six feet from the ground. The frames are of cast-iron. Other details as regards the arrangement of these windows will be found in the description of the building in the First Report, page 29. Inspection plates are provided in the doors of a certain proportion of the

rooms in those departments of the asylum where seclusion is likely to be required. They have, however, I think, only a limited utility. The same rooms are provided with the strong shutters and strong crib bedsteads (with locked drawers) for the most part secured to the floor, as already referred to. There are other suitable *secure* conveniences in a certain number of these rooms.

"*Padded Rooms.* There are four of these rooms (two for each sex) fitted up with paddings to the height of about seven and a half feet. These pads are of horse hair, enclosed first in canvas, and then in tick or sail cloth; the latter I think preferable. The pads are on moveable frames, and two sets are made to serve for the four rooms by a contrivance of bolts and screws. The floors are covered with *kamtuchlicon*, over which in extreme cases may be laid similar pads to those on the walls. The other internal arrangements of these padded rooms are the same as those already described, except that the bedsteads are never fixed. When not in use, like the other rooms used for seclusion, these padded rooms are occupied by some quiet inoffensive patients. I have now nearly 260 patients (we could accommodate about 300) and during the two and a half years this asylum has been opened, there have not been more than three or four cases for which seclusion in a *padded room* has been requisite, and in these for a very limited time, from an hour to one or two days. As to seclusion in ordinary rooms, this is practised, but to a comparatively trifling extent, and hardly ever found necessary among the male patients. Among the females it would appear more difficult to dispense with it; but even with them the proportion is trifling, and the register does not show more than one or two cases at a time—generally of periods from half an hour to two or three hours; in rare cases, seclusion has to be continued

during the greater part of a day or till the severity of the paroxysm is abated."

II.—Dress of Violent Patients, Locks, &c.

There is very little difference now in the practice of asylums in regard to the dress of this class. Some strong article, such as ticken or strong woollen cloth is worn, which the patient is unable to tear; a belt of the same material or of leather passes round the waist, and retains the dress in its place; it is mostly fastened by a lock behind. A small lock is also employed to fasten the dress round the neck behind; and if necessary the wristbands may be secured in a like manner—the dresses of the men and women varying of course according to the sex. For the women, strong jean, either plain or printed forms an admirable material, the patients' shoes or boots should also be locked on: and in certain cases it is advantageous to employ a warm material, as list, or ticken lined with flannel; the soles should be thin to prevent the patients injuring others by kicking. There are cases in which the patient paces his bed room during the night and refuses to keep in bed. It appears to be decidedly best, in very many instances, and Dr. Conolly has found it to be so, to allow him to have his own wish and it is well to lock on a warm pair of shoes—of the description just spoken of.*

Dr. Thurnam tells me that at the Wilts County Asylum the strong dresses are very similar to those now used in most other asylums; they are made of tick, sail cloth, &c.; preference is given to a tick of a neat broad blue stripe,

* To Dr. Conolly personally, and to his excellent work on asylums, the writer must here acknowledge his great obligations. Some apology indeed is required for having so freely availed himself of the materials contained in that publication.

The strong dress is confined round the waist with a leather strap, secured by the usual small lock. Generally there is of course a certain amount of destruction of these dresses; but Dr. Thurnam has found that "*generally speaking, as it is no easy task, the propensity is soon worn out.*"

It has been asserted by the opponents of the Non-Restraint System, that there are violent patients who would tear to pieces any clothes, however coarsely and strongly they may be made. Dr. Ray of America has asserted this, but he appears to have arrived at the conclusion that the insane in his country are much more violent and powerful than those in England, and that therefore what may be possible in one country may be attended by great risk in the other. We shall not attempt to determine this question of the relative violence of the insane in the two countries, but certain it is that such cases, if they exist at all are most rare. Otherwise, surely they would have occurred in the experience of Dr. Hutchinson of Glasgow, and Dr. Conolly of Hanwell; but both these gentlemen deny having had such extreme cases under their care.

III.—Perhaps the most obvious substitute for Mechanical Restraint, and in fact the one primarily adopted at Lincoln, is forcibly holding the patient by the hands of the attendants. It has been urged, as elsewhere stated, that this is only another form of mechanical restraint, and that experience alone can decide which is the best. And, as we have had occasion to remark, had this become the only or general substitute, we do not think that much would have been gained, or that the system would have made much progress in this country. The use of seclusion rooms, however, and very strong dresses, &c., has rendered this alternative no longer necessary, and the argument founded on it, can only be urged in a

very limited degree, with the resources now at our command. There are cases in which it would be unsafe to allow the patient the use of his hands, even in a padded room. The patient may be intent upon injuring himself, and may succeed by means of his hands. Here the advocates of Non-Restraint are sometimes compelled to resort to the superior manual power of the attendants, or to the use of a glove in which there are no divisions for the fingers. It is a curious and interesting fact, that suicides occur less frequently without restraint than with it. Other statistics confirm the following table, drawn up by Mr. Hill:—

Period included.	No. of Patients treated.	No. of Suicides.	Proportion of Suicides.	Rate of Coercion.
10½ Years	334	2	1 in 167	Maximum.
4¾ Years	242	5	1 in 48½	Medium.
3½ Years	246	0	0 in 246	Minimum.

Then there are surgical cases in which the patient must be prevented interfering with his wounds, blisters, poultices, &c., although in the case of blisters they may be protected by a case; or the blistering fluid may be employed. Cold applications may be similarly protected.* Again every superintendent of asylums has met with examples of the "dirt-eating propensity" and these painful cases are generally adduced as at least necessarily involving personal restraint. Here however we think that we are warranted by experience in stating that there is no such supposed necessity. The patient should in the first place have an abundant

* The result of Dr. Conolly's experience is highly interesting:—"The house surgeons have from time to time had to manage some difficult and delicate surgical cases, and have contrived to conduct them to a successful termination without fastening the patient in any way. In one or two instances it has been necessarily departed from, but only on the same principle which would be acted upon in certain cases among sane, but highly irritable and restless patients."

supply of victuals within reach, an expedient which will often alone suffice to remove the tendency; but in the event of this failing, recourse should be had to a dress, consisting of trousers and waistcoat, securely fastened to the patient by means of locks. With a careful attention to these circumstances we believe it would never be found absolutely necessary to employ mechanical restraint. "Forcibly holding the patient," Dr. Thurnam writes me, "forms no part of my system. The hands of attendants are of course employed in conveying a patient during a paroxysm—it may be from the the day room to the airing court, or from the day room or corridor to a room for the purpose of seclusion. What has been called "manual detention," would not be allowed unless as a merely temporary expedient. In a case of the 'dirt-eating propensity,' now under my care, I have found much advantage from placing bread within his reach, and as the propensity extends to gnawing wood, this has been almost entirely prevented by washing the side of his bedstead with a mixture of quassia and lime water."

It may be well to mention here that the entire removal of restraint has made it essential to provide for the patient's safety during the night. Of those cases we have already spoken in which the patient refuses to remain in bed; we may here add that much is to be done by persuasive means, and by having the room well ventilated, but warmed by hot water pipes or other similar means, so as to prevent the injurious effects of exposure; narcotics, mustard pediluvia at bed time, bathing the head with cold water, &c., may also be most important auxiliaries. It is very reasonable to suppose *à priori*, and experience abundantly confirms the supposition, that in the majority of cases, strapping the patient down to his bed is calculated to irritate, and render him sleepless.

I have to thank Dr. Thurnam here, as elsewhere, for his kindness in supplying me with a report of his practice at the Wilts asylum, he writes :—"The objections of the Continental physicians on this head (treatment of violent patients at night) are certainly not well founded. *The most violent may be allowed to sleep in secure rooms, such as have been described for seclusion ;* the clothing if requisite being secured on the person by button locks. This is also sometimes done with *ankle boots* made of ticken, though as the sleeping rooms are warmed during the cold season with hot air, this is not often absolutely essential. If there is a tendency to destroy the bedding, precautions are taken by quilting the blankets with some strong material, or enclosing them in a case of the same. The beds for the "dirty patients" are of straw enclosed in covers of coarse brown linen ; the straw is changed daily. As regards the suicidal, vigilance is the only method, and for the night, they are best allowed to sleep in a dormitory among patients of a more orderly class. In an extreme case, an attendant would be placed in an adjoining bed, or even caused to sit up with and watch the patient, though this is not often desirable."

In epileptic cases, the absence of restraint may be provided for by having the bed made upon the floor, or by side-boards to the ordinary bed. The danger of suffocation from pillows has been very much overrated ; the precaution of the "desk-shaped pillow" is however advisable. If the ordinary bed clothes are torn up by the violent patient, the best contrivance consists in having the blankets enclosed in a strong ticken case, the other coverings being made of some very stout material, which the patient is unable to tear. If he is suicidal, frequent inspection must be made ; and this may be secured by the practice adopted in some asylums of having a night watch. And we would take this oppor-

tunity of observing that, this is in truth one of the not least important indirect "contrivances" for avoiding personal restraint.

IV.—Construction of Asylums, &c.

It is not our intention to enter here into a full consideration of the very important question of the construction of lunatic asylums; but it is manifest that in order to carry out the Non-Restraint System, certain principles must be carried out in the architectural arrangements. This necessity is well illustrated by the remarks of the superintendent of the Montrose asylum (Dr. Poole), made in his Report of 1840—Dr. P. is an advocate for the abolition of all restraints in the treatment of the insane, in those institutions which are provided with the "essential requisites." "But in the absence of some of these," says he, "and at variance with my own creed, I must tolerate the occasional imposition of handcuffs, to prevent greater evils than they inflict." These observations refer more especially to a sufficient supply of attendants, but they apply with great force also to suitable receptacles for the insane. Much of the difficulty encountered at the Lincoln asylum had its rise in the insufficient construction of the building. We may lay down the proposition then, that any building which does not admit of a judicious classification of the inmates is radically deficient in those "requisites" to the carrying out of the Non-Restraint System of which we have spoken; if the windows of convalescent patients are so situated as to overlook the airing courts of violent or indecently behaved patients, an excuse is readily forthcoming for the imposition of restraint on the latter, in cases where otherwise neither it nor yet seclusion would be required.

Again, the number of stories in an asylum may materially

affect the case with which any given plan of treatment is carried out. "It is absolutely necessary," remarks Dr. Browne, "that a large portion of the asylum should be built of one story only. In this are to be placed all those who might be injured or who might injure themselves, if lodged in a house constructed in the ordinary way. The paralytic will not then be endangered in ascending or descending stairs, the furious will have fewer opportunities of wreaking their reckless violence or vengeance, and the suicidal will be debarred from one of the most easily accessible means (if not mechanically restrained) of gratifying their ruling propensity."

With regard to the classification which the architect ought to have in view, (allowing considerable latitude for the class of patients contemplated) the following classification has been recommended as the most convenient:—1. Those who according to their states of mind, their capability of self-control, and the degree in which they are likely to annoy or be agreeable to one another are disposed to incoherent laughing and singing, and generally all those who are capable of very little rational enjoyment. 2. Those who are capable of considerable rational enjoyment. 3. The convalescent and the well-behaved patients. A separate division may be required for the aged and infirm. The first class of course is intended to include the idiotic and demented as well as those who are most subject to violent action; and for these additional means of separation should exist in a gallery and set of apartments in which the most offensive patients could at any time be separated from the others of the class to which they belong.*

The particular form of the asylum must be subject to the locality, and the number of patients. In many respects

* *Vide* Introduction to Jacobi, by Tuke, p. 26.

the H form (or modifications of it) possesses great advantages —and has been found to work exceedingly well at Wakefield and elsewhere. But whatever form is decided upon, the central part ought to be devoted to the officers and the tranquil patients; the ground floor to the feeble, paralysed, and epileptic, while as already stated the refractory ought to occupy the extreme wings. As a general rule the bed rooms ought to be on only one side of the corridor.

Reference may here likewise be made to the windows of an asylum. The introduction of the non-restraint system clearly renders it necessary to be doubly viligant, both as to the means of escape, and the opportunities for the commission of suicide. On the other hand, it is most desirable that we should avoid a prison-like aspect in the construction of our windows.

The frame, which on the whole appears most preferable, is that of a cast-iron sash, glazed either in its upper or lower half, with a wooden, glazed, moveable half-sash, allowing, when needful, of the free entrance of air. Dr. Ray proposes having a window made like those of ordinary houses, with the sash, or at least the upper half, of iron, and four or five inches in front of the lower half, on the outside, an iron guard of an ornamental character, such as is frequently seen attached to other houses. Where mischievous patients are bent upon breaking the glass, this forms an ingenious safeguard used on the inside; the space being occupied by flowering plants. Care, however, must be always taken not to afford, by any of these contrivances, the means of self-destruction.

As regards the provision against the escape of the patient, its necessity is undoubtedly increased under the new system, and yet the fact is, that our asylums are surrounded to a less extent than they used to be, by high

walls and heavy iron gates; the result, no doubt, of the altered view in which the lunatic is regarded. *Cæteris paribus*, however, it is certain that, in proportion as we extend the personal liberty of the lunatic, we must render secure the environs of the asylum. Sometimes we have been inclined to doubt, when the rural character of an asylum has been pointed out to us, with the slight protections thrown around it, whether had we been able thoroughly to ascertain the condition of the patients, we should not have found a proportionate amount of personal restraint imposed, or at least in-door restriction, in order to prevent the frequency of escapes.

It must not be forgotton that one of the first objects in view, in placing a patient in an asylum, is *security*, by which is implied that he shall be secure from individual harm, and that the community shall be secure from receiving injury from him.

It may, therefore, be said that only so much of rusticity and absence of a prison-like arrangement should be aimed at as is consistent with such security. A wall of sufficient height to prevent the patient climbing over it, is required to enclose the grounds: it is very desirable that it should not be bare, but covered with ivy or other foliage, so as to add a pleasing aspect to the primary object of security. Still more important are the airing court walls, as regards appearance; they should be covered with trellis work, for rose trees or any trailing plants. It is also of importance to have the centre of the airing court raised, so as to allow of the patients seeing over the wall, (when not undesirable), but without the elevation being so near as to admit of his scaling the wall. Much more might be added to these matters of detail, but it would be beyond the object of the present paper to enter more fully into the arrangements of

the airing courts and grounds, eireumstanees which are only indireetly connected with "the contrivanees" adopted as substitutes for mechanical restraint. We cannot forbear introdueing here the admirable general observations made on this subject in the "*American Journal of Insanity*," by Dr. Ray:—"It is a great mistake to suppose that such things (embellishments, &c.) are designed to please the taste of the sane members only of the establishment, and are not among the legitimate means and appliances for improving and restoring the insane. Insanity is so grievous a misfortune, asylums are so apt to be regarded in their least pleasing relations, as places of confinement and restraint, and the pang is so sharp of parting with friends at the time they seem to need our attention most, and entrusting them to strangers, that no means should be neglected to deprive our asylums of their prison-like features, and assimilate them to ordinary abodes of domestic ease and refinement. Let the unhappy sufferer see that, though in the midst of strangers, who may be associated in his diseased imagination with the enemies of his peace, he is surrounded by the beautiful forms of nature, in which his spirit may possibly rejoice and sympathize. And let his friends too, when they think of his abode, be able to dwell upon an image whose features are all pleasing and cheerful. Every one who has had charge of an asylum, knows how important it is that the first impression it makes should be agreeable, for in a large proportion of cases, we may be sure it will be of that character or the opposite. Approaching it as they do, with their minds full of apprehension and distrust, ready to torture the slightest unpleasing circumstance into an augury of evil, it is doubly necessary that nothing in the outside arrangements should meet their sight, calculated to cherish their delusions, but much on the

contrary, to strike their fancy agreeably and awaken a healthier class of emotions."

We must now speak briefly of that department of the treatment of the insane which is strictly medical; for though this at first sight may appear far removed from the immediate purpose of our Essay, it is not difficult to perceive that it might afford very powerful means of subduing the excitement of the lunatic, and, consequently, render less necessary his coercion: hence the entire omission of this subject would be unwarrantable.

It would have seemed reasonable to expect in a case of acute mania, that free depletion by venesection would have acted beneficially in terminating the paroxysm, but experience supports no such view; on the contrary, it has proved bleeding to be not only an unsuccessful but dangerous remedy. Sir A. Morison states, in regard to the Surrey County Asylum, that general blood-letting has not been employed; but in 1820 he thus writes:—"Bleeding is principally indicated in mental diseases when increased action or congestion is accompanied by plethora, or suppressed discharges; by decided inflammatory affections of the contents of the head, thorax, or abdomen, &c. . . The necessity for venesection is not limited to mania, it is frequently required in monomania. We must be cautious not to carry it too far; and be aware that mental causes may be keeping up the disease of the mind, and with it, by sympathy, nervous irritation, and increased action of the blood-vessels; and, that although excessive bleeding may diminish the latter, it does not reach the mental cause,—so far from it, indeed, that tranquil patients are sometimes rendered furious by injudicious bleeding." Dr. Conolly, in speaking of this subject, says:—"I will merely add that I am convinced that general blood-letting is rarely admissible, and generally dangerous in insanity."

Dr. Thurnam, however, states that there are cases of violent mania, accompanied with hot skin, hard pulse, &c., in which he should not hesitate to bleed.

Local bleeding may be advantageously combined with other means for restraining violence (leeches to the temple, cupping, &c.) On the propriety of this practice modern practitioners appear to be generally agreed. Blisters behind the ears are also frequently of use. A much more powerful effect may be produced upon the brain by cold affusion, especially the douche; indeed, so powerful a remedy is it, that there is danger in applying it heedlessly, and without noting carefully the effect it produces upon the system. With such cautions, however, we ought not to omit the enumeration of the douche, or its milder form, the shower bath, as a very important instrument in the hands of the superintendent, who has abolished mechanical restraint. By its use we may see a patient who has arrived at the pitch of maniacal phrenzy, reduced in a few minutes to a calm and docile condition. This is a fact which cannot be denied, whatever view we adopt as to the advantage gained in regard to the moral effect produced on the patient. The local application of cold water, or pounded ice, in a bladder, may very generally be used with advantage, and without risk. Sir A. Morison, so far back as 1820, recommended the application of cold to the head, with a view to diminish vascular action in the brain. . . . . "To prolong the cooling process," he adds, "I have got a large hollow piece of sponge, for the purpose of imbibing the solution, and formed to fit the head like a night cap." To the douche and shower bath may be added the warm bath, prolonged for several hours; and cold immersion.

How far, the systematic application of hydropathy would be attended by success, is a question we are not able to decide; but it is not improbable that the use of water might

be carried to a much greater extent, than it is at the present time. The condition of the skin among the insane, indicating as it does in general, the indifferent performance of its functions, strongly favours this idea.

Digitalis, antimony, and other depressing remedies have on the whole failed to seeure a high standing in the pharmacopœia of psychological medicine. Purgatives and emeties, especially the former, are found to be serviceable in cases of mania. Nor must we omit the mention of the employment of morphia—in those cases of maniacal excitement which are not attended by heat of head, injected conjunetivæ, and other symptoms of cerebral congestion.

Lastly, in the treatment of "dirty patients" the daily administration of an enema will be found of remarkable service—an example of the importance of good management in preventing the *occasion* for restraint.

Here then we conclude this brief and we are well aware, imperfect sketch of the direet and indirect "contrivances" adopted to supply the removal of mechanical restraint.

But concise it purposely has been, in order that the main features might not be lost sight of, in the multitude of partieulars; and indeed it must be confessed, that when we have obtained all that is to be desired in the superintendence, attendanee, and the eonstruction of the building, the particular contrivances are few, simple, and readily applied. They may in conclusion be thus summed up :—The seclusion room, including the padded room; a strong dress, as of ticken, secured by locks; the manual strength of attendants, in rare cases; cases for blankets, &c., and lastly, cold affusions, topical depletion, and medicines of a depressing charaeter.

FINIS.

STATISTICS OF INSANITY,

BY SIR ALEXANDER MORISON, M.D., PHYSICIAN TO THE SURREY COUNTY LUNATIC ASYLUM,

&c. &c.

To the President and Members of the Society for Improving the Condition of the Insane.

In the year 1841, (the year before the establishment of your Society), I laid before the Governors of Bethlem Hospital, a statistical account of *five* years' experience in that hospital, which I now deposit with the Society, together with the details of the result of treatment in the public establishments to which I have been physician during the last thirty years, from which it is hoped some useful inferences may be drawn.

The following is an abstract.

I have the honour to be,

Your most obedient Servant,

ALEXANDER MORISON.

The admissions amounted to ...	6779		
			6779
Of whom were removed by friends or others during treatment	454		
Remaining in the establishment	1587		
Leaving to be accounted for ...	4738		
			6779
Of whom were discharged		Uncured... 806	
		Died 1440	
		Recovered. 2492	

Of the 806 uncured, 173 were either paralytic, epileptic, or idiotic.

The causes of the disorder assigned in 1428 of the cases recovered were as under :—

Hereditary predisposition existed in	386
Intemperance	181
Pregnancy, child-bearing, abortion, lactation, &c.	172
Disappointments, reverses, embarrassments, losses, or privations	116
Religious excitement	76
Grief	62
Disappointed affection	50
Anxiety, vexation	43
Terror	39
Blows on the head, falls	23
Epilepsy	23
Paralysis	8
Causes of more rare occurrence	219
Of the remaining cases for which no cause was assigned, the disorder had previously occurred in 270.	

The causes of death in 1431 cases were as under :—

Paralysis (in general the cause of the disorder intemperance)	284
Exhaustion (chiefly after great cerebral excitement)	196
Pulmonary consumption	164
Epilepsy	135
Diarrhœa	126
Apoplexy	100
Decay of nature—old age	52
Convulsions	29
Diseased Lungs	29
Fever	27
Hydrothorax	25
Abscesses and ulcers	25
Cerebral disease	20
Erysipelas	18
Disease of the heart or great vessels	18
Asiatic cholera	18
General debility	16
Dysentery, ulcerated intestines	13
Suicide	14
Tabes, marasmus, atrophy	11
Cancer	10
Bronchitis	10
Asphyxia	9
Dropsy	8
Pneumonia	7
Asthma	7
Enteritis	6
Gangrene	6
Wounds, falls	5
Cynanche	5
Pleuritis	5
Diseased liver, bilious cholera.	4
Diseased bladder, cystitis, ischuriæ	4
Diseased ovaria	4
Peritonitis	3
Influenza	3
Diseased stomach	2
Lumbar abscess	2
Hæmorrhoidal discharge	2
Chorea	2
Ruptured liver	1
Ruptured spleen	1
Hernia	1
Hemiplegia	1
Delirium tremens	1
Concussion	1
Spinal disease	1
Scrofula	1
Burn	1